MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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Housekeeping Highlights

Meeting is being recorded and are part of public record.

Refrain from side-bar conversations to avoid Florida in the Govemment violations.

Only members of the Subcommittee can vote on items

Members shall **not act in their own private** or **personal interests** and will strive to handle all individuals, matters, and business with fairness and equity.

Raise your hand to be called upon by the chair.

Time limits may be placed on items.

Terms are on the back of the agenda.

Place your cell phone **on mute or vibrate.**
If you must take a call, please excuse yourself from the meeting.

Remember to **use people first language.**

If you did not get meeting materials, you can follow along on the screen or via the QR code on the agenda since materials are posted online.

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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”

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Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

March 27, 2026, Minutes

#	Members	Present	Absent
1	Baez, Ivet		X
2	Dougherty, James	X	
3	Friedman, Lawrence	X	
4	Miller, Juliet		X
5	Rojas, Vanessa	X	
6	Romero, Javier	X	
7	Serrano-Irizarry, Yendi	X	
8	Ysea, Cristhian A.	X	
Quorum: 4			

Guests
Bigler, Erin
Ferrer, Luigi
Gonzalez, Yvette
Gonzalez de Obando, Tivisay
Ortiz, Angela
Ross, Samantha
Valle-Schwenk-Carla

Staff	
Gattorno, Frank	Lucas, Morela
Ladner, Robert	Meizoso, Marlen

All documents referenced in these minutes were accessible to both members and the general public prior to and during the meeting, at https://partnershipmiami.org/the-partnership-2/#mcsc1.

I. Call to Order

James Dougherty

The Chair, James Dougherty, called the meeting to order at 9:36 a.m. He introduced himself, provided an overview of the work for the day's meeting, and welcomed everyone.

II. Introductions

All

Mr. Dougherty requested that members, guests, and staff introduce themselves.

III. Meeting Housekeeping

James Dougherty

Mr. Dougherty reviewed the meeting housekeeping presentation, including people first language, meeting protocols, location of Subcommittee meeting items online, and identification of resource persons.

IV. Floor Open to the Public

Cristhian Ysea

The Vice Chair, Cristhian Ysea, read the following:

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record

before you talk about your concerns. BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Subcommittee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented.
Moved: Yendi Serrano-Irizarry Seconded: Dr. Lawrence Friedman Motion: Passed

VI. Review/Approve Minutes of February 27, 2026 *All*

Members reviewed the minutes of February 27, 2026, and made a motion to accept the document as presented.

Motion to accept the minutes of February 27, 2026, as presented.
Moved: Cristhian Ysea Seconded: Dr. Javier Romero Motion: Passed

VII. Reports

- **Ryan White Program** *Carla Valle-Schwenk*

Carla Valle-Schwenk indicated the latest reports on expenditures and utilization are posted online. There was a delay in sending out the awards letters, but these should be sent out by March 30. The County is working on contingency planning in response to the proposed ADAP changes. Expenditures have risen and spending under Minority AIDS Initiate (MAI) has improved. The Ending the Epidemic program under the County had a site visit which had three findings. The FY 2026 contracts have been extended and the RFP for new services will be released during the summer with an online submission.

- **ADAP** *Dr. Javier Romero*

Dr. Javier Romero shared information from the February ADAP report as of March. In February, there were 7,506 clients in the program and $2.036 million expended under direct dispense. Most clients received a 90-day supply so they should have medications until May. In February, $4.5 million was spent on premiums. Estimates for 11 months of premium payments total $60 million and $15 million for pharmacy expenditures (not including the West Perrine clients). The Governor of Florida recently signed a stop-gap bill providing additional funding to the ADAP program until June 30, 2026.

Several case managers are still sending clients to ADAP to access Biktarvy and enroll in insurance premium assistance, both of which are no longer provided. Clients whose income is up to 400% of the Federal Poverty Level (FPL) can access direct dispense. Some copay assistance may be available for clients with self-paying insurance. Descovy requires prior authorization as of April 1. Clients who were formerly ADAP ACA premium covered, whose income is less than 130% FPL have been auto-

reinstated in ADAP. An additional letter will be sent to clients to advise them of the special ACA insurance enrollment period, which has an April 30 deadline.

Locally, the Part B program remains at 400% FPL. There are two formularies - one for direct dispensing, and the other for clients who are insured. The ADAP program can issue a non-qualification notice for Biktarvy. Those clients who were on ADAP-paid ACA premiums are currently in the grace period until March 31. There are 70 clients for whom the tax credits fully cover insurance cost. Those clients who use their insurance during the grace period would be liable for the bills. Tax credits may cover some clients until May 31. If clients are able to pay for their own plans, they may qualify for copayment assistance. Not all clients have been able to be contacted about changes; case managers are urged to contact clients.

All Florida Department of Health websites throughout the state have been changed so communicating and finding information is more challenging. There are still discussions taking place to identify additional funding for ADAP from July onward. There are delays in drug rebates, which may arrive 6-12 months after filing.

Ms. Valle-Schwenk indicated that she had spoken to Gilead and clients enrolled in ADAP are considered insured even though they cannot get Biktarvy. Clients are urged to get samples while discussions continue with Gilead. Updates on ADAP are being posted on the new Ryan White website www.miamidade/HIVresource.gov.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso reviewed the March 2026 vacancies which indicated several membership opportunities on the Partnership and the Subcommittee. Any individuals interested in membership who are Miami-Dade County registered voters may contact staff, and invite them to attend a meeting or training sessions.

Mrs. Meizoso indicated that an application had been received for Yvette Gonzalez who is the new Part D Representative and has applied to the Partnership. Ms. Gonzalez identified herself, expressed her interest, and the Subcommittee made a motion to accept her as a member. She will fill the general membership seat which is vacant.

Motion to accept Yvette Gonzalez as a member of the Medical Care Subcommittee.
Moved: Dr. Lawrence Friedman **Seconded: Dr. Javier Romero** **Motion: Passed**

- **Membership Recruitment Presentation** *Roundtable Members*

Luigi Ferrer, Vice Chair of the Community Coalition Roundtable, reviewed the new application for the committees and subcommittee and the newly developed mentorship process intended to encourage and retain new members. Members had copies of both forms in their membership packets.

VIII. Standing Business

- **Response to the 2026 ADAP Program Changes-Contingency Planning**

  - **Outpatient Ambulatory Health Services (OAHS) Review**

Members were reminded that at the last meeting the OAHS utilization report for FY 2024-2025 was shared and was posted. The majority of expenditures (50%) are under evaluation and management, followed by pathology and labs (35%), and other medicine (9%), with the remaining percentage accounting for radiology, surgery, and anesthesiology. The report breaks down the utilization for each category by expenditure and client, then provides an average cost, the maximum and minimum expenditure for a single client, and the maximum billing of units. Some outliers were reviewed. Vaccines appear to have been billed even though these are billable under ADAP through the pharmacy benefits manager Prime Therapeutics for those clients who are on ADAP. A prescription could be written to provide the vaccine at a pharmacy. The Ryan White Program is payor of last resort so if another payor can pay for the service they should. Additional review of the data will be done at the next meeting.

  - **Ryan White Prescription Drug Formulary**

Time was running short so extensive review of this item was not done but some discussion did take place. The formulary review process and last version of the Ryan White Formulary were shared. Sulenka is missing and should be added since ARVs are automatically added, per the protocol, but removals should be discussed. The ADAP program has removed Biktarvy from the formulary and providing this medication is unsustainable for the Part A Program. The Subcommittee understood there are limitations to access, but supports a change to current policy for patient assistance programs.

Motion to remove Biktarvy from the Ryan White Prescription Drug Formulary.
Moved: Dr. Javier Romero Seconded: Dr. Vanessa Rojas Motion: Passed
Opposed: Yendi Serrano-Irizarry

Motion to extend the meeting by ten minutes.
Moved: Cristhian Ysea Seconded: Dr. Vanessa Rojas Motion: Passed

Additional review of the formulary will be done at the next meeting. To facilitate review, the formulary should be sorted by pharmaceutical category, then therapeutic category.

IX. New Business

- **Special Project Discussion**

In the interest of time, the Subcommittee was requested to think about potential projects for next fiscal year to discuss at the next meeting.

X. Announcements *All*

Attendees were reminded to RSVP in advance of the meeting. Members were reminded that the annual Source of Income forms are due before July 1 and were included in the meeting packets. Address, employer information (name and address), the word, "salary," (if employed, since no amounts should be included), signature, and date should be completed on the form. Additionally, members were reminded to complete the MCSC annual disclosure forms in member packets. The next New Member Orientation, which was rescheduled from March will now be taking place April 1. The flyer with the QR code and link are accessible online and were projected at the meeting.

XI. Next Meeting *Cristhian Ysea*

The next meeting is scheduled for Friday, April 24, 2026, at 9:30 a.m. at BSR.

XII. Adjournment *James Dougherty*

Mr. Dougherty thanked everyone for participating in the meeting and called for a motion to adjourn.

Motion to adjourn.
Moved: Dr. Lawrence Friedman **Seconded: Dr. Javier Romero** **Motion: Passed**

The meeting adjourned at 11:34 a.m.

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,193	167	2,255
Medical Case Management	6,793	120,154	3,009	8,799
Mental Health Services	15	590	6	124
Oral Health Care	420	11,035	321	2,833
Outpatient Ambulatory Health Services	1,528	30,243	923	4,221
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	448	7,171	218	1,137
Other Professional Services	0	195	0	51
Outreach Services	26	463	18	236
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	10,268	196,065		

Total unduplicated clients (month): 3,886

Total unduplicated clients (YTD): 9,194

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 04/07/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,193	167	2,255
Medical Case Management	4,246	101,024	1,922	8,503
Mental Health Services	15	590	6	124
Oral Health Care	420	11,035	321	2,833
Outpatient Ambulatory Health Services	1,232	27,619	736	4,065
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	446	6,915	216	1,103
Other Professional Services	0	195	0	51
Outreach Services	17	414	12	207
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	7,414	174,006		

Total unduplicated clients (month): 2,913

Total unduplicated clients (YTD): 9,089

REPORT COMPILED ON: 04/07/2026

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MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	2,547	19,130	1,269	2,171
Outpatient Ambulatory Health Services	296	2,624	227	733
Support Services				
Medical Transportation	2	256	2	65
Outreach Services	9	49	6	30
TOTALS:	2,854	22,059		

Total unduplicated clients (month): 1,400

Total unduplicated clients (YTD): 2,455

REPORT COMPILED ON: 04/07/2026

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes YTD paid reimbursements for FY 2025 Part A service months through February 2026, as of April 7, 2026. Pending Part A reimbursements currently under review total $1,198,238.64. Final expenditures for FY 2025 Part A will be provided after the grant closeout process is complete.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,176,379.00	FORMULA	
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA	
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL	FY 2025 Award
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL	$24,224,652
Carryover Award of FY'24 Formula Funds	800,000.00	CARRYOVER	
Total Award	**$ 25,024,652.00**		

Note:
The recipient has reached its budgeted direct services Formula minimum expenditures. Until the end of the current period of performace, only budgeted Administrative and Quality Management expenditures and a carryover allowance will be applied to this funding source in order to surpass the 95% minimum expenditure threshold.

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
8	AIDS Pharmaceutical Assistance	5,744.00	
6	Health Insurance Services	490,526.00	
1	Medical Case Management	6,377,000.00	
3	Mental Health Therapy/Counseling	54,303.00	
4	Oral Health Care	4,631,775.00	
2	Outpatient/Ambulatory Health Svcs	7,007,729.00	
9	Substance Abuse - Outpatient	3,000.00	
	CORE Services Totals:	18,570,077.00	

Priority Order	Support Services	Allocations	Carryover Allocations	
12	Emergency Financial Assistance	0.00		
5	Food Bank	848,861.00	640,000.00	1,488,861
13	Medical Transportation	62,888.00	160,000.00	222,888
15	Other Professional Services	18,700.00		
14	Outreach Services	140,661.00		
7	Substance Abuse - Residential	1,611,000.00		
	SUPPORT Services Totals:	2,682,110.00	800,000.00	3,482,110
	FY 2025 Award (not including C/O)	21,252,187.00		

DIRECT SERVICES TOTAL:	**$**	**22,052,187.00**
Total Core Allocation	18,570,077.00	
Target at least 80% core service allocation	17,001,749.60	
Current Difference (Short) / Over	**$ 1,568,327.40**	
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,368,904.00**	
Quality Management	**$ 603,561.00**	2,972,465.00
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	$ - 25,024,652.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **87.38%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.49%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **9.78%** — **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	2,834.85	
5606920000	Health Insurance Services	308,091.70	
5606870000	Medical Case Management	6,170,925.40	
5606860000	Mental Health Therapy/Counseling	52,617.50	
5606900000	Oral Health Care	4,331,571.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,482,156.85	
5606910000	Substance Abuse - Outpatient	720.00	
	CORE Services Totals:	17,348,917.30	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	773,111.40	640,000.00	1,413,111.40
5606460000	Medical Transportation	62,229.06	160,000.00	222,229.06
5606890000	Other Professional Services	17,559.00		
5606950000	Outreach Services	88,928.98		
5606930000	Substance Abuse - Residential	1,470,000.00		
	SUPPORT Services Totals:	2,411,828.44	800,000.00	
	FY 2025 Award (not including C/O)	19,760,745.74		

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 20,560,745.74**	**93.24%**
Formula Expenditure %		**94.11%**		
5606710000	**Recipient Administration**	**1,970,726.80**	**83.19%**	
5606880000	**Quality Management**	**602,153.97**		2,572,880.77
	Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
		1,891,025.49	**(0.00)**	1,891,025.49
Total Grant Expenditures & %			**$ 23,133,626.51**	**92.44%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **87.79%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.49%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **8.14%** — **Within Limit**

Printed On: 4/7/2026

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

This report includes YTD paid reimbursements for FY 2025 MAI service months through February 2026, as of April 7, 2026. Pending MAI reimbursements currently under review total $233,431.10. Final expenditures for FY 2025 MAI will be provided after the grant closeout process is complete.

PROJECT #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,563,697.00	MAI
Carryover Award of FY'24 MAI Funds	1,539,152.00	MAI_CARRYOVER
Total Award	**$ 4,102,849.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00	5606870000	Medical Case Management	678,557.00	307,761.00	986,318.00
3	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,156,177.00	563,576.00	1,719,753.00	5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	635,374.37	640,578.83
6	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	2,152,884.00	871,406.00	3,024,290		CORE Services Totals:	683,761.46	943,135.37	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
13	Medical Transportation	14,628.00			5606460000	Medical Transportation	14,281.18		
	Other Professional Services				5606890000	Other Professional Services			
7	Outreach Services	39,816.00			5606950000	Outreach Services	13,272.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	54,444.00	0.00			SUPPORT Services Totals:	27,553.18	0.00	
	FY 2025 Award (not inlcuding C/O)	2,207,328.00				FY 2025 Award (not inlcuding C/O)	711,314.64		
	Carryover Award		871,406.00						
	DIRECT SERVICES TOTAL:		**$ 3,078,734.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 1,654,450.01**	**53.74%**
	Total Core Allocation	2,152,884.00							
	Target at least 80% core service allocation	1,765,862.40							
	Current Difference (Short) / Over	**$ 387,021.60**							
	Recipient Admin. (OMB-GC)	**$ 256,369.00**			5606710000	**Recipient Administration**	**161,267.38**	**62.90%**	
	Quality Management	**$ 100,000.00**	356,369.00	$ 3,435,103.00	5606880000	**Quality Management**	**100,000.00**		261,267.38
						Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
	(+) Unobligated Funds / (-) Over Obligated:						**1,591,114.98**	**596,016.63**	2,187,131.61
	Unobligated Funds (MAI)	$ -							
	Unobligated Funds (Carry Over)	$ **667,746.00**	667,746.00	4,102,849.00		**Total Grant Expenditures & % (Including C/O):**		**$ 1,915,717.39**	**46.69%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.53%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**96.13%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**6.29%**	**Within Limit**

Printed On: 4/7/2026

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

April 9, 2026

ADAP Miami-Dade / Summary Report^ - March-26

Utilization & Expenditures – CHD Pharmacy & Premium Plus

Month	New	Re-E	Clients^^	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	#Premiums	~$ / Premium
Apr-25	70	933	7637	$ 1,236,853.00	2,421	682	3.5	$ 5,218,553.20	2,993	$ 1,743.59
May-25	61	567	7,571	$ 1,224,080.44	2,391	678	3.5	$ 5,233,113.31	3,014	$ 1,736.27
Jun-25	65	345	7,564	$ 1,244,338.24	2,302	671	3.4	$ 5,205,538.79	2,993	$ 1,739.23
Jul-25	75	323	7,544	$ 1,321,557.63	2,490	714	3.5	$ 5,175,093.99	2,857	$ 1,811.37
Aug-25	55	285	7,579	$ 1,162,840.91	2,325	659	3.5	$ 5,159,017.57	2,977	$ 1,732.96
Sep-25	39	268	7,592	$ 1,267,426.83	2,483	695	3.6	$ 5,132,419.99	2,964	$ 1,731.59
Oct-25	61	430	7,577	$ 1,286,962.59	2,590	712	3.6	$ 5,100,269.38	2,942	$ 1,733.61
Nov-25	60	487	7,561	$ 909,240.90	1,833	524	3.5	$ 5,036,214.78	2,905	$ 1,733.64
Dec-25	47	822	7,533	$ 1,141,019.00	2,389	611	3.9	$ 4,877,529.35	2,821	$ 1,729.01
Jan-26	51	733	7,608	$ 1,038,754.13	2,683	706	3.8	$ 5,196,529.00	2,094	$ 2,481.63
Feb-26	38	853	7,506	$ 2,036,120.21	3,357	910	3.7	$ 4,527,238.98	2,284	$ 1,982.15
Mar-26	36	682	7,446	$ 493,676.70	1,669	426	3.9			
FY25/26	**658**	**6,728**	**7,446**	**$ 14,362,870.58**	**28,933**	**7,988**	**3.6**	**$ 55,861,518.34**	**30,844**	**$ 1,811.10**
	658	6,728		$14,362,870.58	31,563	8,714		$55,861,518.34	33,648	

FYTD DD [CHD Ph] + PP, excluding WP, DD-PBM: $70,224,388.92

FY Projections DD+PP [E]: **$70,224,388.92**

APTC [YTD] $11,496,421.77

Projection 2025 $15,886,776.63

$86,111,165.55

PROGRAM UPDATE

04/01/26	Benefit Level ^	*7,446*	Direct Dispense	65%	4,840	*C & D*	35%	*2,606*
04/01/26	Cabenuva ®	*229*	Direct Dispense	69%	*159*	Premium Plus	31%	*70*
04/01/26	Medicare eligible ^	*69*	*Within 7-month window around 65th birthday*			Target clients this month:		9
04/01/26	On Medicare	*209*	Active clients with copayment assistance					
04/01/26	ACA-MP ^	*0*	[FDOH : DD 0 % - 400 % FPL; 06/30/26 extension. C & D: 0 % - 400 %					

SOURCES: Provide Enterprise & Pharmacy systems. ^ All data subject to review. ^^ Open + Active pts. - NOTE: Expenditures NOT included: DD pts. from WP & PBM pharmacies [100+].

SUMMARY

[as of 03/24/26]
[thru 06/30/26]

NEW REQUIREMENTS

4,840 — ADAP DIRECT DISPENSE [0 % - 400 %]

2,606 — C & D [0 % - 400 %]

DISCONTINUED

2,444 — PREMIUM ASSISTANCE

ADAP Formulary > 1,450 BIKTARVY 48 DESCOVY*

**PA [04/01/26]*

For additional information, please visit www.adapmiami.com or contact adap.fldohmdc@flhealth.gov

Florida Department of Health in Miami-Dade County
ADAP Program & FLDOHMDC CHD Pharmacy - 2515 W Flagler Street, Suite 102. Miami, Florida 33135 - Phone: 305-643-7400

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
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IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

April 17, 2026

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners.

Opportunities for Ryan White Program Clients

4 *seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.*
(1 applicant pending)

Opportunities for General Membership

7 *seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:*

Hospital or Health Care Planning Agency Representative
Housing, Homeless or Social Service Provider
Other Federal HIV Program Grantee Representative (Part F)
Other Federal HIV Program Grantee Representative (SAMHSA)
Non-Ryan White Program Miami-Dade County Representative
Part D Grantee Representative *(1 applicant pending)*
Mental Health Provider Representative *(1 applicant pending)*

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

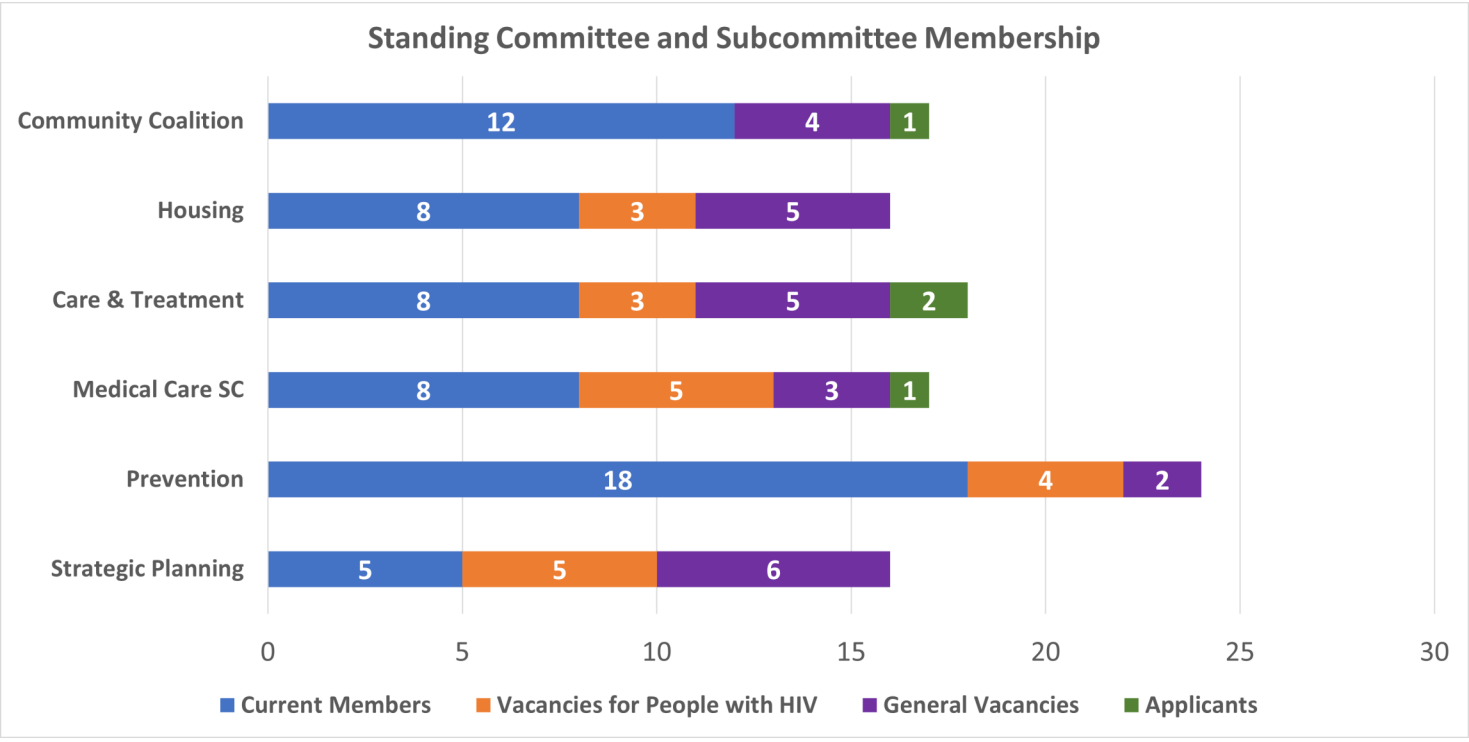
Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.

when you say Yes! good things happen.

Committees

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!
People with HIV are encouraged to join!

- Allocate more than $27 million in Ryan White Program funds with the **Care and Treatment Committee**
- Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- Recruit and train new Partnership members with the **Community Coalition**
- Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the **Medical Care Subcommittee**
- Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- Share a meal and testimonials at Roundtables with the **Community Coalition**
- Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee** & **Prevention Committee**
- Develop your leadership skills and be a committee leader with the **Executive Committee**
- Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee** & **Strategic Planning Committee**
- Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
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Medical Care Subcommittee
Calendar of Activities 2026--CURRENT

Month	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions (reviewed as needed)	Ryan White Prescription Drug Formulary (reviewed as needed)	Oral Health Care Items (reviewed quarterly)	Special projects discussion	Committee Items (added as needed)	Notes
	Activities								
January 23, 2026								x	All standing business items deferred because of contingency planning.
February 6, 2026								x	Emergency meeting-contingency planning
February 27, 2026								x	Contingency planning
March 27, 2026		x						x	Contingency planning; disclosure forms requested
April 24, 2026	x	x				x	x	x	Source of income forms completed for missing members; continue special project discussions; OHC items, as applicable; address deferred items; contingency planning continued.
May 22, 2026		x					x	x	Conclude special projects discussion
June 26, 2026								x	
July 24, 2026						x		x	OHC items, as applicable
August 28, 2026								x	
September 25, 2026			x					x	Primary Medical Care Standards review begins; AIDS Pharma and Outpatient/Ambulatory Service Descriptions review begins
October 23, 2026			x			x		x	Primary Medical Care Standards review continued; Service Descriptions review continued Mental Health and Substance Abuse; OHC items as applicable
November 20, 2026			x					x	Primary Medical Care Standards review continued; Service Descriptions Continued; OHC service description and standards review; nomination of officers; planning for 2027

Comments:

The Subcommittee does NOT meet in December and all items are subject to change.

N=no meeting

MIAMI-DADE HIV/AIDS PARTNERSHIP

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Medical Care Subcommittee Members

From: Marlen Meizoso

Date: November 21, 2025

Re: 2026 Officer Nominations and Elections

Nominations for the Medical Care Subcommittee Chair and Vice Chair (Officers) will take place during the Medical Care Subcommittee meeting November 21, 2025. Elections are scheduled for the January 23, 2026, meeting.

Serving as an Officer is an excellent opportunity to strengthen your leadership skills, enhance your resume, and take a more active role within the Planning Council.

Committee Officers work with support staff to develop meeting agenda, lead committee discussions, and serve as members of the Executive Committee. Comprehensive training and ongoing support are provided for all Officers.

For your reference, below are the Officers qualifications are outlined in Section 5.1 of the Miami-Dade HIV/AIDS Partnership:

- Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
- Officers shall be full voting members.
- At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
- Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
- No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

You are encouraged to submit your name as a nominee in advance of the meeting; however, nominations will also be taken from the floor at the January 23, 2026, meeting. Current Officers who have served less than two years are eligible and encouraged to seek re-election. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at marlen@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

MENTAL HEALTH SERVICES

(Year 36~~5~~ Service Priorities: #7 for Part A and #~~6~~ 3 for MAI)

Mental Health Services are a set of core medical services that consist of counseling and treatment for diagnosed behavioral health disorders. These services are designed to reduce harmful behaviors and episodes of instability and improve mental status and client health outcomes. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on an individualized treatment plan and are conducted in group and individual sessions. All services are provided by mental health professionals licensed or otherwise authorized within the State of Florida to render such services. All clients receiving this service must have at least one mental or behavioral health diagnosis specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-1~~0~~1-CM; Codes F01-F99, excluding "Mental and behavioral disorders due to psychoactive substance use" – codes F10-F19).

Mental Health Services require an individualized treatment plan, as noted above. Treatment plans incorporate the findings of assessment and diagnostic tools and specify the goals and objectives to be achieved during the treatment episode. The treatment plan also specifies the recommended clinical interventions and frequency with which these interventions shall be delivered. Mental health providers may use this service category to conduct the assessment and diagnostic steps for the development of a treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client will receive~~s~~ a mental health treatment plan at least every six months.

Psychiatric treatment with medication management and evaluation should be billed and recorded under Outpatient/Ambulatory Health Services. Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant/associate.

Mental Health Services are allowable only for program-eligible clients. This service is not available to family members without HIV. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client's underlying HIV disease (e.g., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client's HIV or AIDS diagnosis. This service is intended to address issues that impact a person's ability to remain engaged in HIV care, strengthen coping skills and self-care, and promote engagement in ongoing medical care and treatment. It is important for the Level I or Level II mental health

professional to regularly gauge and document the client's progress and determine if the client is still in need of the service.

- **Mental Health Services (Level I):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess ***a Doctorate degree*** **in psychology or counseling or related field (PhD, EdD, PsyD), and must be *licensed by the State of Florida*** as a licensed clinical psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Mental Health Services (Level II):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess ***a Master's degree*** **in psychology, psychotherapy or counseling or related field (MS, MA, MSW, or M.Ed.), and must be *licensed by the State of Florida*** as a LCSW, LMHC or LMFT to provide such services. **Direct service providers may also be:** 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045 (Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns must provide services under the supervision of a LCSW, LMHC, LMFT or licensed psychologist who is licensed in the State of Florida.

Mental Health Service Components Under Level I and II~~:~~

Level I counseling services provided to Ryan White Program clients include psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic re-assessments, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing ~~and harm reduction~~ strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Level II counseling services provided to Ryan White Program clients include crisis counseling, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing ~~and harm reduction~~ strategies to their clients, if deemed

clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Group Counseling (Levels I and II) refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

A. Program Operation Requirements: Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics, and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Services may be delivered to non-HIV+ family members (as defined by the client) only if the program-eligible client is also being served. Providers will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of group counseling participants to counselors may not be lower than 3:1 and may not be higher than 15:1, as described above. One visit is equal to one half-hour counseling session.

Clients who are newly diagnosed with HIV or have returned to care should be offered the opportunity to speak with a mental health provider as a routine component of the services available through the local Ryan White Part A Program. An initial mental health visit could be used to identify, assess, or verify mental health conditions that may affect a client's treatment adherence. Subsequent or on-going Mental Health Services under the Ryan White Part A Program require a mental health diagnosis documented in the client's chart. To facilitate this process for newly diagnosed or returned to care clients who are receiving TTRA mental health services are limited to one encounter (all mental health services provided on one day) within 30 days of starting the TTRA protocol, while program eligibility is being determined. For clients following the Newly Identified Client (NIC) protocol, Mental Health Services may be provided with these same limitations.

Tele-mental health services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. Additional Service Delivery Standards: Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV ~~/AIDS~~-related illnesses. (Please refer to Section III of this FY

202~~5~~6 Service Delivery Manual for details, as may be amended.)

C. **Rules for Reimbursement:** Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session "unit" not to exceed $32.50 per unit for Level I individual counseling; $35.00 per unit for Level I group counseling; $32.50 per unit for Level II individual counseling; and $35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

Tele-mental health services are reimbursed as follows:

Billing Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	$32.50 per 30-minute session

D. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.

E. **Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a specific mental or behavioral health diagnosis and detailed treatment plan for each eligible client that includes all required components and the mental health professional's signature and/or the signature of the person supervising the professional.

F. **Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:

- American Psychiatric Association (APA). HIV Psychiatry-Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets (Last Updated: 2012): HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV;

and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision-DSM-5-TR); and additional web-based materials. Available at:

- ~~https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry and~~
  https://www.psychiatry.org/psychiatrists/search-directories-databases
  Accessed 11~~9~~/1~~7~~4/2024~~5~~.

- American Psychiatric Association. Latest Published and Legacy APA Clinical Practice Guidelines; including, but not limited to, The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2015. Available at:
  https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines
  and https://psychiatryonline.org/guidelines
  Accessed ~~9~~11/1~~7~~4/2024~~5~~.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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DRAFT

SUBSTANCE ABUSE OUTPATIENT CARE
AND
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

(Year ~~35~~ 36 Service Priorities: #~~8~~ 12 for outpatient Part A ~~and #5 for MAI;~~ and #1~~1~~ 1 for Part A residential only)

Two types of substance abuse counseling and treatment services are included in this section: Outpatient and Residential. **Substance Abuse Outpatient Care** is a **core medical service**. **Substance Abuse Services (Residential)** is a **support service**. Both of these substance abuse service components shall comply with the following requirements:

A. **Program Operation Requirements:** Providers are encouraged to provide services that are highly accessible to target populations.

Providers are also encouraged to demonstrate linkages with other service providers relevant to the needs of people with HIV in substance abuse treatment programs. Providers should especially demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs including housing and shelter programs.

Service must be provided in settings that foster the client's sense of self-determination, dignity, responsibility for own actions, relief of anxiety, and peer support.

Providers are encouraged to offer program services to families to support the family unit. However, substance abuse services may be provided to members of a client's family in an outpatient setting only (i.e., non-HIV family members may not stay in the residential facility), and only if the program-eligible individual served (client) is also being served. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.A. of this service definition on the following page for details). ***IMPORTANT NOTE****: For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's chart and linked to the provision of primary medical care.

Providers must ensure that clients adhere to their treatment plan, including prescription drug regimens.

Providers of substance abuse services must offer flexible schedules that accommodate the client's nutritional needs in order to facilitate client compliance with medication regimens.

Providers are encouraged to practice and incorporate motivational interviewing ~~and harm reduction~~ strategies to their clients, if deemed clinically appropriate.

A residential substance abuse episode is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients stepping down from or completing Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care. Furthermore, providers shall attempt a warm hand off to Substance Abuse Outpatient Care, where appropriate.

I. Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. This service includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a ~~L~~licensed m~~M~~edical ~~P~~provider or under the supervision of a p~~P~~hysician, or by other qualified personnel as indicated below. This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting.

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/ recovery readiness programs; ~~harm reduction;~~ behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, it is included in a documented plan. Acupuncture therapy must be provided by an acupuncturist who is licensed in the State of Florida to provide such service.

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) total persons per group. The ratio of group counseling participants to Counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session.

Substance Abuse Outpatient Care levels are specific to the education level of

the provider of the service, as indicated below, and are not interchangeable:

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), l~~L~~icensed c~~C~~linical ~~P~~psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.

- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. **Additional Service Delivery Standards:** Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY 202~~5~~6 Service Delivery Manual for details, as may be amended.)

~~C.~~ **Rules for Reimbursement:** Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) not to exceed $30.00 per unit for Level I individual counseling; $34.00 per unit for Level I group counseling; $27.00 per unit for Level II individual counseling; and

C. $30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the counseling, whereas, reimbursement for group sessions is calculated for the

Counselor that provided the group counseling. Documentation activities are included in the Substance Abuse Outpatient Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client's family in an outpatient setting if the program-eligible person with HIV (client) is also being served. The client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.

Tele-substance abuse outpatient care services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	$27.00 per 30-minute session

D. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group counseling is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each Counselor.

E. **Linkage/Referrals:** Providers of Substance Abuse Outpatient Care must document the client's progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, m~~M~~edical c~~C~~ase m~~M~~anager, and l~~L~~icensed ~~P~~primary c~~C~~are ~~P~~provider when that is found to be appropriate. Providers are required to determine if the client is currently receiving m~~M~~edical c~~C~~ase m~~M~~anagement services; if not, the provider must seek enrollment of the client in a ~~M~~medical c~~C~~ase ~~M~~management program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment.

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

F. **Additional Rules for Documentation:** Providers must submit an assurance to OMB that Substance Abuse Outpatient Care services are only provided in an outpatient setting. Providers must maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must also submit to OMB a copy of the staffing structure showing supervision by a lLicensed ~~M~~medical ~~P~~provider or other qualified personnel. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the local Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

II. Substance Abuse Services (Residential)

This program offers substance abuse, including alcohol addiction and/or addiction to legal and illegal drugs, treatment and counseling, including HIV specific counseling, to program-eligible people with HIV (clients) on a short-term basis. Medication-Assisted Treatment (MAT) is also covered as part of the residential treatment services. **Substance Abuse Services (Residential)** provides room and board, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Detoxification services are allowable, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital). HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license. Proof of the separate license is required for detoxification services.

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Service Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a m~~M~~edical ~~C~~case m~~M~~anager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., m~~M~~edical d~~D~~irector, p~~P~~sychologist, ~~L~~licensed ~~T~~therapist, etc.) as appropriate using the

Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) assessment tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a licensed medical provider or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

If the client is participating in a residential treatment program, the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in the residential facility with the client during the treatment process. As a reminder, a family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.B. of this service definition on the following page for details).

Residential treatment programs shall comply with the following requirements:

B. **Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of $250.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval prior to extending residential care past the 180-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's 180-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending to be entered or compiled in the Provide Enterprise® Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.

C. **Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client's disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the "RSA Disenrollment Report" available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final "RSA Disenrollment Report" must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

D. **Linkage/Referrals:** Providers of Substance Abuse Services (Residential) must document the client's progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, m~~M~~edical c~~C~~ase ~~M~~manager, and the ~~L~~licensed ~~P~~primary ~~C~~care p~~P~~rovider when that is found to be appropriate. Providers are required to determine if the client is currently receiving m~~M~~edical ~~C~~case ~~M~~management/ services; if not, the provider must seek enrollment of the client in a m~~M~~edical ~~C~~case m~~M~~anagement program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the m~~M~~edical ~~C~~case ~~M~~management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client's Ryan White Program-~~–~~funded m~~M~~edical ~~C~~case ~~M~~manager will receive an automated "pop-up" notification through the Provide® Enterprise Miami data management system upon the client's discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

E. **Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program ~~Part A or MAI~~ funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 202~~5~~6 Federal Poverty Level (FPL).

F. Additional Rules for Documentation: Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Licensed Medical Provider or other qualified personnel, and an assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

II. Additional Standards and Guidelines

Guidelines: Outpatient and residential substance abuse treatment and counseling providers will adhere to generally accepted clinical guidelines for substance abuse treatment of people with HIV. The following are examples of such guidelines:

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine,* Seventh Edition; April 8, 2024. Available at: https://www.asam.org/publications-resources/textbooks. Accessed ~~1~~10/27/2025~~.~~

- American Society of Addiction Medicine (ASAM). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Fourth Edition. Available at: https://www.asam.org/publications-resources/textbooks. Accessed 10/27/2025~~.~~

- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder. Available at: https://www.asam.org/advocacy/public-policy-statements. ~~–~~Accessed 10/27/2025~~.~~

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- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.

- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

~~**III. Best Practices Compilation Search** provides interventions that improved outcomes: https://targethiv.org/bestpractices/search?keywords=substance%20abuse&page~~

~~=1~~

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
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VIII.	Standing Business	
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	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
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	• Contingency Planning Continued:	
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	• Ryan White Prescription Drug Formulary	All
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X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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ORAL HEALTH CARE

(Year 36~~5~~ Service Priority: #~~4~~ 5 for Part A

Oral Health Care is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general dentists, dental specialists, and dental hygienists, as well as licensed dental assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, dental assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's definition of a licensed dental assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; limited implant services (i.e., removal, repair, and placement [restricted for edentulous patients only] of implants); oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

A. Program Operation Requirements: Provision of Oral Health Care services for any one client is limited to an annual cap of $6,500 per Ryan White Part A Fiscal Year (March 1, ~~2025~~ 2026 through February 28, ~~2026~~2027). Exceptions to the annual cap may be approved by the County under special circumstances (e.g. implant placement) and the provision of preventive Oral Health Care services with consultation from the Miami- Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed.

When a referral from a dentist to a dietitian is needed, the dentist must coordinate with the client's licensed medical provider (MD, DO, APRN, PAs) to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., licensed medical providers and dentist). The client's medical case manager/non-medical case manager should also be informed of the client's need for nutrition services.

Viral loads (within the last 6 months) and CD4 count (most current) ~~L~~labs should accompany referrals and additional labs may be requested from licensed medical providers as clinically indicated by the dentist. An undetectable viral load is not required to provide services.

All referrals to Ryan White Part A Oral Health Care services should include the client's licensed medical provider's contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

B. Additional Service Delivery Standards: Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 2026~~5~~ Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.

C. Rules for Reimbursement: Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 202~~5~~6 American Dental Association Current Dental Terminology (CDT 202~~5~~6) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier.

Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of teledentistry services.

An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

D. Children's Eligibility Criteria: Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental or, DentaQuest~~, or MCNA~~ Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.)], as appropriate. While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.

E. **Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as appropriate every 366 days. While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], Medicare, or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program-allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider ["Out of Network"(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and viral load and CD4 lab test results within 366 days, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client's signed consent for service

F. **Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.

G. **Letters of Medical Necessity**: Dental Implants require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY 202~~5~~6 Service Delivery Manual for copies of the Letter of Medical Necessity, as may be amended).

H. **Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed dental provider and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.

I. **Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a

client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

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AIDS PHARMACEUTICAL ASSISTANCE
(LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP)

(Year 36 Service Priority: #3 for Part A and 2 for MAI)

A. **AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP)** is a core medical service. The purpose of the **LPAP** component (i.e., prescription drug services) of the AIDS Pharmaceutical Assistance service category, in accordance with federal Ryan White Program guidelines, is "to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." LPAPs must be compliant with the Ryan White HIV/AIDS Program's requirement of payer of last resort.

This service includes the provision of medications and related supplies prescribed or ordered by a licensed medical provider (MD, DO, APRN, PAs) for people with HIV who are ineligible for Medicaid, Medicare Part D, ADAP, or other public sector funding, or have private insurance with limited or no prescription drug coverage. Supplies are limited to consumable medical supplies necessary for the administration of prescribed medications.

IMPORTANT NOTES: Services are restricted to outpatient services only. Inpatient, emergency room, and urgent care center prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the local Ryan White Part A Program Prescription Drug Formulary but may be available under Outpatient/Ambulatory Health Services. Prescription drug copayment assistance is not provided for clients with prescription drug discount cards. LPAP services may not be provided on an emergency basis (defined as a single occurrence of short duration). See the General Revenue Short-term Medication Assistance protocol in Section XII of this FY 2026 Ryan White Program Service Delivery Manual for information on how to access to medications on a short-term, emergency basis.

1. **Medications Provided:** This service pays for injectable and non-injectable prescription drugs, pediatric formulations, appetite stimulants, and/or related consumable medical supplies for the administration of medications. Medications are provided in accordance with the most recent release of the local Ryan White Part A Program Prescription Drug Formulary, with the Ryan White Part A/MAI Program as the payer of last resort. The local Ryan White Part A Program Prescription Drug Formulary is subject to change due to guidance from HRSA, the federal granting agency, and/or the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

2. Client Education and Adherence:

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.

- Providers are expected to offer basic education to clients on various treatment options.

- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by licensed medical providers, nutritionists, and pharmacists regarding medication management.

3. Coordination of Care:

- Providers must maintain appropriate contact with other caregivers (i.e., the client's medical case manager, licensed medical provider, nutritionist, counselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.

- Providers will be expected to immediately inform medical case managers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses licensed medical provider visits, or is having other difficulties with treatment adherence).

- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, licensed medical provider visits, and/or who experience difficulties with treatment adherence.

B. Program Operation Requirements:

- Providers are encouraged to provide county-wide delivery. However, Ryan White Program funds may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client, is documented by the client's licensed medical provider, and said documentation is maintained in the client's chart:

1) The client is permanently disabled (condition is documented once);

2) The client has been examined by a licensed medical provider and found to be suffering from an illness that significantly limits the client's capacity to travel [condition is valid for the period indicated by the licensed medical provider or for sixty (60) calendar days from the date of certification].

IMPORTANT NOTE: Medical Case Managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.

- Providers of this service are expected to be Covered Entities authorized to dispense PHS 340B-priced medications either directly, through an allowable subcontract arrangement, or via another federally acceptable affiliation.

  - Clients needing this service may only go to, or be referred to, the pharmacy in which their licensed medical provider is located or affiliated with (e.g., by subcontract, etc.). This is due to PHS 340B Pharmacy drug pricing limitations, and HRSA's requirements that the Ryan White Part A/MAI Program use PHS 340B drug pricing wherever possible.

  - If the provider is a PHS 340B covered entity and the client is enrolled in the Florida ADAP Program, that client is eligible for PHS 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.

- Pharmacy providers are directed to use the most cost-effective product, either brand name or generic name, whichever is less expensive at the time of dispensing. An annual, signed assurance is required from the service provider regarding this directive.

- The LPAP-funded service provider must be linked to an existing medical case management system through agreements with multiple Medical Case Management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

A Ryan White Program In Network Referral for LPAP Services is not required. However, to access LPAP services, the client must be open at the LPAP-funded agency and must have their Client Service Category Profile in the Provide® Enterprise Miami data management system open to Outpatient/Ambulatory Health Services at the same agency. This is due to 340B covered entity drug pricing requirements.

Ryan White Program-funded LPAP services have a maximum of one year from the date on the prescription.

C. Rules for Reimbursement: Dependent on the type of pharmacy provider, please adhere to the following reimbursement structures.

- Where applicable, providers will be reimbursed for program-allowable prescription drugs based on the PHS 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate dispensing fee that will be added to the PHS price. (For example, if the PHS price of a prescription is $185.00, and the provider's proposed flat rate dispensing fee is $11.00, then the total reimbursement amount is equal to $196.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

- Reimbursement for consumable medical supplies is limited and must be related to administering medications (e.g., for insulin injection in diabetics, etc.). Approved consumable medical supplies are found in Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.

- No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies.

D. Additional Rules for Reporting and Documentation: Providers must document client eligibility for this service and report monthly activity (i.e., through reimbursement requests) in terms of the individual drugs dispensed (utilizing a locally-defined drug coding system to be provided by the County), the number of prescriptions filled for each drug, the number of pills or units dispensed, the amount of Ryan White Program funds spent dispensing each drug, and the unduplicated number of clients that received each drug limited to those medications listed in the

most recent release of the local Ryan White Part A Program Prescription Drug Formulary.

Provider monthly reports (i.e., reimbursement requests) for consumable medical supplies must include the number of clients served, medical supply distributions with HCPCS codes as appropriate per client, and dollar amounts per client.

E. **Ryan White Part A Program Prescription Drug Formulary:** Ryan White Program funds may only be used to purchase or provide vitamins, appetite stimulants, and/or other prescription medications to program clients as follows:

- Prescribed medications that are included in the most recent release of the Ryan White Part A Program Prescription Drug Formulary. This formulary is subject to periodic revision; and

- Medications, appetite stimulants, or vitamins that have been prescribed by the client's licensed medical provider. **IMPORTANT NOTE**: Prescriptions for vitamins may be written for a 90-day (calendar days) supply.

F. **Letter of Medical Necessity: Continuous Glucose Monitoring (CGM) Devices** require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY 2026 Service Delivery Manual for copies of the Letters of Medical Necessity, as may be amended):

ADDITIONAL IMPORTANT NOTES:

- **Medical Case Managers must work with clients to explore in a diligent and timely manner all health insurance options and evaluate the client's best option to ensure that health insurance premiums, deductibles and prescription drug copayments are reasonable and covered by the appropriate payer source. For Medicare Part D recipients, any client whose gross household income falls below 150% of the 2026 Federal Poverty Level (FPL) must be enrolled in the Low-Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who falls into the "donut hole," must be referred to the ADAP Program.**

- **AS OMB RECEIVES ADDITIONAL INFORMATION FROM FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE**

REVISED.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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OUTPATIENT/AMBULATORY HEALTH SERVICES

(Year 3~~5~~6 Service Priorities: #~~4~~3 for Part A and MAI)

A. **Outpatient/Ambulatory Health Services** are core medical services. These services include primary medical care and outpatient specialty care required for the treatment of people with HIV or AIDS. These services focus on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies.

IMPORTANT NOTE: Services are restricted to outpatient services only.

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Provider's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY ~~2025~~ 2026 Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the licensed medical provider (MD, DO, APRN, PAs) notation and related referral, as appropriate:

- Service is in relation to this client's HIV diagnosis.
- Service is needed due to a related co-morbidity.
- Service is needed due to a condition aggravated or exacerbated by this client's HIV.
- Service is needed due to a complication of this client's HIV treatment.
- Routine diagnostic test conducted as a standard of care (SOC)
    - The SOC should be implemented as recommended by established medical guidelines, including, but not limited to, Public Health Service (PHS), American Medical Association, Health Resources and Services Administration; see Minimum Primary Medical Care Standards for Chart Reviews in Section III of this Service Delivery Manual document or other local guidelines, as may be amended.

Telehealth services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

I. Primary Medical Care

1. Primary Medical Care Definition and Functions: Primary medical care includes the provision of comprehensive, coordinated, professional diagnostic and therapeutic services rendered by a licensed medical provider (MD, DO, APRN, PAs) who is licensed in the State of Florida to practice medicine to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency rooms are not considered outpatient settings; therefore, emergency room services are not covered by the Ryan White Part A/MAI Program. Inpatient (hospital, etc.) services are also not covered.**

Although HRSA allows for urgent care center services to be payable through the Ryan White Program, non-HIV related visits to urgent care facilities are not allowable or reimbursable costs within the Outpatient/Ambulatory Health Services Category (see HRSA Policy Clarification Notice #16-02). The Miami-Dade HIV/AIDS Partnership, as advised by its Medical Care Subcommittee, has elected not to include this component as an allowable service locally. This decision was made due to the complex logistics involved in limiting this component to the treatment of HIV-related services, as required by HRSA; and the fact that Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services subrecipients are required to maintain procedures (i.e., an accessible phone line for clients to call for assistance) for clients who have urgent/emergent health issues after hours.

Allowable activities include: medical history taking; physical examination; diagnostic testing, including, but not limited to, laboratory testing; treatment and management of physical and behavioral health conditions; behavioral risk assessment, subsequent counseling, and referral; preventive care and screening; pediatric development assessment; prescription and management of medication therapy; treatment adherence; education and counseling on health and prevention issues; and referral to specialty care related to client's HIV diagnosis, co-morbidity, or complication of HIV treatment. Services also include diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties if related to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment), as necessary. Chronic illnesses usually treated by primary care providers include hypertension, heart failure, angina, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression, anxiety, back pain, thyroid dysfunction, and HIV.

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code); whereas Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code).

a. New to Care Clients

One (1), initial primary medical care visit may be provided to a newly identified client (i.e., a newly diagnosed client) who has a preliminary reactive test result and a pending confirmatory HIV test result, if the client was properly referred by a Medical Case Manager or Outreach Worker. To be valid for this purpose, the referral must have an indication that the client is a "newly identified client" (NIC). Such initial primary medical care visits must be scheduled and provided within 30 calendar days of referral from the Medical Case Manager or Outreach Worker. Otherwise, a confirmatory HIV test result will be required to obtain further services.

b. Limitations on Specialty Testing

Before prescribing Selzentry (Maraviroc), a Highly Sensitive Tropism Assay (test), formerly known as the Trofile Tropism Assay, must be performed and documented in the client's chart to determine appropriateness of the treatment regimen. The Highly Sensitive Tropism Assay includes the Trofile, Trofile DNA, or Quest Diagnostics Tropism assay. If the cost of the Highly Sensitive Tropism Assay is being covered by any other payer source, clients must access the test through those resources first.

ViiV Healthcare currently covers the cost of the following test at no charge to eligible clients or the Ryan White Program: the HLA-B*5701 screening test. This screening test is available to assist clinicians in identifying clients who are at risk of developing a hypersensitivity reaction to abacavir (Ziagen). Whenever the cost of the HLA-B*5701 screening test can be covered by the ViiV Healthcare or any other source, providers **cannot** bill the local Ryan White Program for reimbursement of this test. As of December 1, 2019, FDOH/ADAP clients do not need certificates for HLA Aware program. They simply use either their designated Quest Diagnostic lab or LabCorp code (that was listed on their certificates) for reimbursement by ViiV Healthcare. Contracted providers that serve FDOH/ADAP clients do not need to send clients to FDOH/ADAP, they just need to enter the appropriate code depending on which lab they use. FDOH already has this code as part of their EHR system. The Ryan White Program must be the payer of last resort. Utilization of the HLA-B*5701 screening test as billed to the local Ryan White

Program will be monitored, and reimbursement may be denied if documentation does not support the use of Ryan White Program funds as a last resort.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:

   - Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
   - Self-care and monitoring of health status;
   - HIV/AIDS transmission and prevention methods; and
   - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:

   - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
   - Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
   - Client involvement in the development and monitoring of treatment and adherence plans; and
   - Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:

   - Maintain contact as appropriate with other caregivers (medical case manager, nutritionist, specialty care licensed medical provider, pharmacist, counselor, etc.) and with the client in order to monitor health care and treatment adherence;
   - Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and
   - Identify a single point of contact for m~~M~~edical c~~C~~ase m~~M~~anagers and

other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection.
- Mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other licensed medical provider (MD, DO, APRN, PAs), clinical psychologist, clinical social worker, or clinical nurse specialist.

II. Outpatient Specialty Care

1. Outpatient Specialty Care Definition and Functions: This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment (see Allowable Medical Conditions List in Section VIII of this FY 2025~~5~~6 Service Delivery Manual).**

Additional medical services, which may be provided by other Ryan White Program subrecipients, may include outpatient rehabilitation, podiatry, physical therapy, occupational therapy, and speech therapy as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment. Pediatrics and specialty pediatric care are included in the list of specialties above. A Mental Health Services provider may also make referrals to clinical psychiatry. (**IMPORTANT NOTE**: Referrals to outpatient specialty care services for ongoing treatment must include documentation or a notation to support the specialty's relation to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment.)

a. Other Specialty Care Limitations or Guidelines:

i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.

ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.

iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is <u>not</u> covered by the local Ryan White Part A/MAI Program. In accordance with the most current local Ryan White Part A Program's Allowable Medical Conditions list, as may be amended, clients must

meet at least one of the following criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm^3 *currently*
- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Furthermore, referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. See the Allowable Medical Conditions List in Section VIII of this Service Delivery Manual for a list of conditions that would apply, such as manifestations due to opportunistic infections, visual disturbances to rule out complications of HIV, and history of sexually transmitted infections (STI) or complications of STI.

iv. Per Federal guidelines, **acupuncture services** are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.

v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.

vi. **Pediatric, adolescent and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

IMPORTANT NOTE: Under the local Ryan White Part A/MAI Program, primary medical care provided to people with HIV is not considered specialty care.

2. Client Education: Providers of specialty care services will be expected to provide the following basic education as part of client care:

- Basic education to clients on various treatment options offered by the specialist;

- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the primary care or HIV licensed medical providers; and

- Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.

3. **Coordination of Care:** The specialist must communicate, as appropriate, with the primary care licensed medical care provider and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

The following subsections B. through I. are for both Primary and Specialty Care, unless otherwise noted:

B. Program Operation Requirements:

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;

- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and

- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.

- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care Providers or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

C. Additional Service Delivery Standards: Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY 202~~5~~6 Service Delivery Manual for details):

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.
- Minimum Primary Medical Care Standards.

D. Rules for Reimbursement: Providers will be reimbursed for program allowable outpatient primary medical care and specialty care services as follows, unless a procedure has been disallowed or discontinued by the Miami-Dade County Office of Management and Budget-Grants Coordination:

Commented [MM1]: The items in this section are updated by OMB-GC, as available.

- Reimbursements for medical procedures and follow-up contacts to ensure client's adherence to prescribed treatment plans will be no higher than the rates found in the "2023 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), revised/modified January 9, 2023." Codes 99205 and 99215 remain discontinued under this local Ryan White Part A/MAI Program. Code 99201 was also discontinued.

- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the "2023 Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 2023 Quarter 1 (Q1) Release, added for January 2023, modified January 12, 2023."

- Reimbursements for injectables will be based on rates no higher than those found in the "2023 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated January 30, 2023 (payment limit column)."

- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the "2023 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates,

PDF dated January 5, 2023, electronic file modified January 11, 2023; for Core Based Statistical Area 33124 (Miami, FL)." (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).

- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved "Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 2023 (January 2023), corrected January 20, 2023 (note "b.01.20.23" in file name)." (Applies only to organizations with on-site or affiliated outpatient hospital centers).

    - Opposite to Medicare's procedure guidelines, the local Ryan White Program discontinued the use of HCPCS code G0463 (hospital outpatient clinic visit). It is necessary for the local Ryan White Program to track the level of service provided to clients; therefore, providers of OPPS-APC services should continue to use CPT codes 99202-99204 or 99211-99214, as applicable to the services provided, instead of G0463.

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 2.5.

- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.

- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.

- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider's submission request for review and approval by the County.

- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program's

AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).

- Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of telehealth/telemedicine services.

E. **Rules for Reporting:** Providers' monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.

F. **Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.

G. **Additional Rules for Documentation:** Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.

H. **Additional Client Eligibility Criteria:** Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. ~~(NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.)~~ While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance

(MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

I. Additional Treatment Guidelines and Standards

Guidelines: Providers will adhere to the following federal approved ~~clinicial~~clinical practice guidelines for HIV/AIDS~~clinical guidelines for treatment of HIV/AIDS specific illnesses~~ (which can be found at https://clinicalinfo.hiv.gov/en/guidelines, ~~unless otherwise noted below~~):

- ~~Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv; pp 1-604; updated March 23, 2023. Accessed 11/13/2023.~~
- Adult and Adolescent ARV
- Adult and Adolescent Opportunistic Infections
- Pediatric ARV
- Pediatric Opportunistic Infections
- Perinatal HIV Clinical Guidelines
- Guidelines for Caring for People with HIV Displaced by Disasters
- ~~Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv; pp 1-671; updated April 11, 2023. Accessed 11/13/2023.~~

- ~~Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/perinatal; pp 1-614; updated January 21, 2022. Accessed 11/13/2023.~~

- ~~Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2023. Available at:~~

~~https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections; pp 1-670; updated September 25, 2023; Accessed 11/13/2023.~~

- ~~Panel on Opportunistic Infections in Children with and Exposed to HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with or Exposed to HIV. Department of Health and Human Services. 2022. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention; pp 1-485; updated September 14, 2022. Accessed 11/13/2022.~~

- ~~Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv; pp 1-19; updated February 22, 2022. Accessed 11/13/2022.~~

- ~~U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011), and reference guides to help health care professionals as their aging population grows (e.g., "Incorporating New Elements of Care" and "Putting Together the Best Health Care Team"). Available at: https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols. Date Last Reviewed: February 2022. Accessed 11/13/2022.~~

- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at: https://hivinfo.nih.gov/understanding-hiv/fact-sheets Accessed 10~~1~~/09~~13~~/202~~3~~5.

- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

  Standards:

  - Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC.

- ~~I~~Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses,
-

clients infected with tuberculosis, hepatitis, or sexually transmitted ~~diseases~~infections, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

~~Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.~~

IMPORTANT NOTE: FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the ~~HIV/AIDS~~ Ryan White Program client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing ~~HIV/AIDS~~HIV relate topics trainings.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with ~~HIV/AIDS~~Ryan White clients is desirable.	• Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
Standard 1.4	~~Ongoing a~~Annual ~~HIV/AIDS~~ staff training on HIV topics related to dental care.	Documentation of all completed annual trainings on file.

Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current Ryan White Program In Network Referral or Out of Network referral with documentation. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and ~~gender~~sex.

Standard 2.2	Ryan White Program required documents present, signed, and dated.	• Signed and dated *Ryan White Integrated Consent form in the data management information system)* OR current Ryan White Program In Network Referral • ~~Documentation that *Outreach Consent/Miami-Dade County Notice of Privacy Practices* and *Composite Consent* were provided.~~
Standard 2.3	General Consent for Treatment	Signed general consent for treatment present.

Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.

	Standard	Measure
Standard 3.1	Initial Comprehensive Medical History	• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. • The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year.[a]	Medical history is updated every 6 months or at the next appointment after six months (including labs, if needed). An undetectable viral load is not required to provide oral health services.
Standard 3.3.	Medical conditions and allergies are noted.	• Medical conditions and/or medications requiring an alert are flagged. • Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year.[a]	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. [a]	Completed treatment plan is in the progress notes OR a treatment plan form is completed.* **If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.*
Standard 4.2	Documentation reflects services provided.	Documentation, at a minimum, includes: • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

Standard 4.3	A comprehensive examination is provided*at least annually. *Not applicable for episodic care, follow up, or problem-focused examinations. **OR** A problem-focused oral examination is performed.	Comprehensive Examination includes: • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs, as clinically indicated • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided Problem-focused examination includes: • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
Standard 4.4	Charting grids are completed as appropriate.	Charting of the examination findings/treatment is completed in the appropriate tooth grids.
Standard 4.5	Informed specific consents are present for each oral surgery procedure.	A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.

Standard 4.6	Refusal of treatments/radiographs is documented.	• Client refusal for treatment/radiograph is documented (form or in progress note) with licensed dental provider signature, client signature or initials and date; signature and date of witness are present. • Reason for licensed dental provider refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year.[a]	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	Periodontal maintenance is regularly performed.* *Not applicable for clients who are "No shows" AND "No show" is documented; not applicable for episodic care.	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year.[a]	Education documented in the client record.

Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.

	Standard	Measure
Standard 5.1	Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.* *Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	Referral and coordination of care.* *Not applicable if no condition documented and no referral made. Tobacco use and referral.* *NA for clients not using tobacco products. Nutritional problems and referral.* *Not applicable when no indication of nutritional problems.	• Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. • Documentation of heavy tobacco use and referral to a tobacco counseling program. • Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.

	Standard	Measure
Standard 6.1	Education will be provided in preventive oral health practices[1] including hygiene, nutritional education[2] as related to oral health care and education, as appropriate, concerning tobacco use[3]. [1]Not applicable for episodic care. [2]Not applicable for episodic care. [3]Not applicable if no indication of tobacco use; not applicable for episodic care.	• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

[a] Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care

MIAMI-DADE HIV/AIDS PARTNERSHIP

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Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

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XII.	Adjournment	James Dougherty

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RYAN WHITE PROGRAM
Letter of Medical Necessity for
Continuous Glucose Monitoring (CGM) Devices
Dexcom G6® or FreeStyle Libre 2®

Client's Full Name

~~Preferred Name~~**Prescriber's Full Name**

~~Date of Birth~~**Prescriber Telephone #**

~~Prescriber Full Name~~**Date of Birth**

Prescriber License# (M.D., D.O., P.A., A.P.R.N)

~~Prescriber Telephone #~~

I certify my client has the following diagnosis (please check ONE), requires a continuous glucose monitoring device, and meets all the following criteria:

1) Insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and

2) Insulin treatment regimen requires frequent adjustment based on blood glucose meters or continuous glucose monitors; and

3) Six months prior to ordering (CGM), I have had an in-person visit with the client to evaluate their diabetes control.

Type I diabetes mellitus
□ Dexcom G6 or □ FreeStyle Libre 2

Type II diabetes mellitus
□ FreeStyle Libre 2

Every six months following receipt of the initial prescription for the CGM, I will have an in-person visit with the client to assess adherence to their CGM regimen and diabetes treatment plan.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022;Revised xx/xx/2025

Continuous Glucose Devices
Pricing Estimates

Device Names	Sensor Life	Device costs range	Sensor costs range for month^	Comments
Free Style Libre 2	14 days	$71-$84	$147-173	Uses FreeStyle Libre 2 reader or smart phone app
Free Style Libre 2 Plus	15 days		$158-186	Uses FreeStyle Libre 2 reader or smart phone app. Each sensor for this product comes with its own single-use applicator in the box.
FreeStyle Libre 14 day	14 days		$147-173	
FreeStyle Libre 3	14 days	$72-88	$147-173	Uses FreeStyle Libre 3 reader or smart phone app
FreeStyle Libre 3 Plus	15 days		$158-186	Uses FreeStyle Libre 3 reader or smart phone app
*Dexcom G6**	10 days	$386-456 +transmitter cost	$382-485	Requires transmitter which needs replacing every 3 months (at an additional cost)
Dexcom G7	10 days	$302-$374	$381-727	All in one sensor and transmitter

Notes:
^Depending on device, month range is from 28-30 days.
List derived from: https://pro.aace.com/cgm/toolkit/cgm-device-comparison
Costs are rounded to whole number and do not include dispensing fee.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

RYAN WHITE PROGRAM
Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services

This letter is required for additional Food Bank occurrences beyond the annual twenty (20) occurrences (visits)
To be completed by licensed medical prescriber or registered dietitian* or licensed nutritionist* (*not associated with the Part A food bank provider)

Client's Full Name:_____

Licensed Medical Prescriber attestation:
As prescriber for this client, it is my professional opinion that they require an extension of food bank services.

_____
Licensed Medical Prescriber Signature and Date

_____ _____
Printed Name of Licensed Medical Prescriber **License # (MD, DO, PAs, APRN)**

OR

Registered dietitian or licensed nutritionist attestation:
As the nutritional professional who has completed an assessment for this client, it is my professional opinion that they require an extension of food bank services.

_____
Registered Dietitian or Licensed Nutritionist Signature and Date

_____ _____
Printed Name of Registered Dietician or Licensed Nutritionist **Registered Dietitian or Licensed Nutritionist License #**

Number of Additional Occurrences Requested (**maximum sixteen (16)** additional occurrences within the current Ryan White Part A fiscal year): ☐ which will assist with maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

The client has the following **severe** change of status (check all that apply):

☐ New HIV-related diagnosis/symptom (please describe) e.g., OI, AIDS diagnosis, etc._____

☐ Wasting Syndrome

☐ Protein imbalance

☐ Recent chemotherapy

☐ Recent hospitalization

☐ Other medical reasons:
_____

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

APPROVED: 2-28-24

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
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9:30 a.m. – 11:30 a.m.
Behavioral Science Research
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	• Outpatient Ambulatory Health Services Review	All
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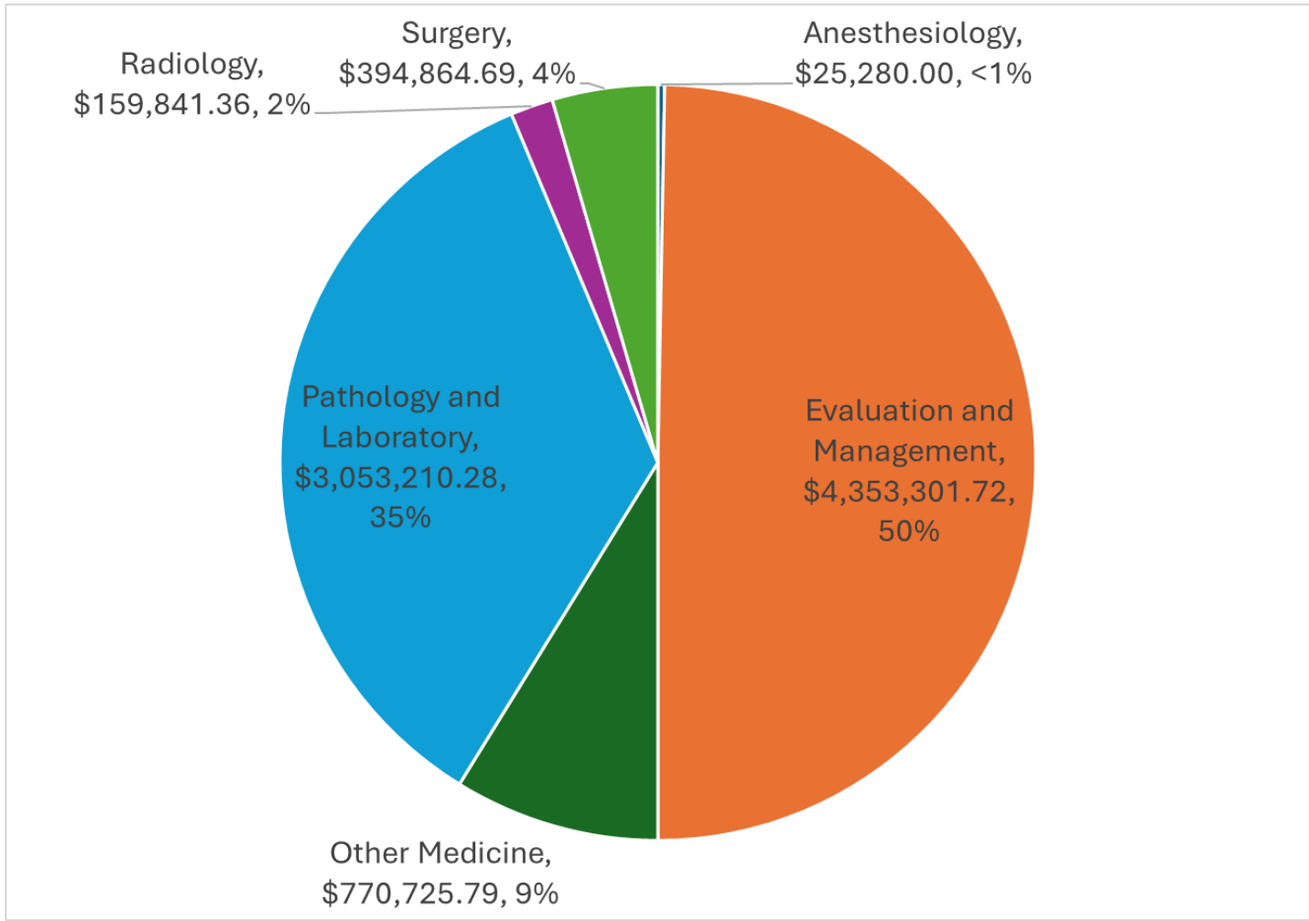
Outpatient Ambulatory Health Services

Ryan White Program 2024-2025



Medical Care Subcommittee
Revised April 24, 2026

Evaluation and Management—**Expenditure** Sort ($23,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Evaluation and Management**	**$1,022.01**	**$10,014.42**	**$22.68**	**26**	**-**	**4,259**	**$4,353,301.72**
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	$830.59	$6,389.70	$255.60	19	visits	3,174	$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	$536.23	$6,206.20	$173.98	26	visits	2,203	$1,181,323.70
99204	OFFICE OUTPATIENT NEW 45 MINUTES	$468.38	$1,427.80	$356.95	4	visits	358	$167,679.88
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	$177.06	$939.50	$93.95	10	visits	747	$132,262.80
99203	OFFICE OUTPATIENT NEW 30 MINUTES	$310.69	$1,104.50	$220.90	5	visits	391	$121,480.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	$46.91	$357.90	$22.68	9	visits	711	$33,352.10
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	$321.95	$1,183.25	$236.65	5	visits	86	$27,688.05
99420	HEALTH RISK ASSESSMENT TEST	$125.68	$250.00	$125.00	2	instance	183	$23,000.00

Evaluation and Management—**Client** Sort (over 100)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Evaluation and Management**	**$1,022.01**	**$10,014.42**	**$22.68**	**26**	**-**	**4,259**	**$4,353,301.72**
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	$830.59	$6,389.70	$255.60	19	visit	3,174	$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	$536.23	$6,206.20	$173.98	26	visit	2,203	$1,181,323.70
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	$177.06	$939.50	$93.95	10	visit	747	$132,262.80
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	$46.91	$357.90	$22.68	9	visit	711	$33,352.10
99203	OFFICE OUTPATIENT NEW 30 MINUTES	$310.69	$1,104.50	$220.90	5	visit	391	$121,480.00
99204	OFFICE OUTPATIENT NEW 45 MINUTES	$468.38	$1,427.80	$356.95	4	visit	358	$167,679.88
99420	HEALTH RISK ASSESSMENT TEST	$125.68	$250.00	$125.00	2	instances	183	$23,000.00
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$53.41	$155.52	$38.88	4	instances	107	$5,715.36

Anesthesia-**Expenditure** Sort **(All)** **Details Included*

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	**Anesthesiology**	**$274.78**	**$680.00**	**$160.00**	**17**	**92**	**$25,280.00**
812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	$208.80	$400.00	$160.00	2 visits (10 units total)	50	$10,440.00
813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	$325.33	$400.00	$280.00	1 visit (10 units total)	15	$4,880.00
902	ANESTHESIA ANORECTAL PROCEDURE	$326.67	$680.00	$240.00	2 visits (17 units total)	12	$3,920.00
731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	$274.29	$520.00	$240.00	2 visits (13 units total)	14	$3,840.00
811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	$240.00	$280.00	$200.00	1 visit (7 units total)	5	$1,200.00
142	ANESTHESIA EYE LENS SURGERY	$333.33	$360.00	$320.00	1 visit (9 units total)	3	$1,000.00

Pathology and Labs—**Expenditure** Sort ($10,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Pathology and Laboratory**	**$751.84**	**$4,892.09**	**$3.28**	**42**	**-**	**4,061**	**$3,053,210.28**
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	$163.14	$765.90	$85.10	9	test ~monthly	3,908	$637,569.20
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	$127.63	$877.25	$35.09	25	9 visits x 1-3 test per visit	3,298	$420,939.64
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	$127.37	$877.25	$35.09	25	9 visits x 1-3 test per visit	3,256	$414,728.71
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	$80.37	$281.88	$46.98	6	6 visits x 1 test	2,693	$216,436.86
86359	T CELLS TOTAL COUNT	$60.46	$264.11	$37.73	7	7 visits x 1 test	1,783	$107,794.61
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	$267.85	$772.35	$257.45	3	3 visits x 1 test	297	$79,552.05
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	$66.27	$185.94	$61.98	3	3 visits x 1 test	1,186	$78,590.64
80053	COMPREHENSIVE METABOLIC PANEL	$20.15	$116.16	$10.56	11	11 visits x 1 test	3,804	$76,633.92
86361	T CELLS ABSOLUTE CD4 COUNT	$44.10	$133.90	$26.78	5	5 visits x 1 test	1,467	$64,700.48
80061	LIPID PANEL	$21.70	$107.12	$13.39	8	8 visits x 1 test	2,938	$63,763.18
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	$110.01	$414.42	$26.89	6	3 visits x 2 units each	459	$50,494.92
86803	HEPATITIS C ANTIBODY	$21.56	$71.35	$14.27	5	5 visits x 1 test	2,282	$49,188.69
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	$137.02	$391.05	$130.35	3	3 visits x 1 test	293	$40,147.80
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	$135.33	$386.19	$128.73	3	3 visits x 1 test	273	$36,945.51
86357	NATURAL KILLER CELLS TOTAL COUNT	$48.94	$113.19	$37.73	3	3 visits x 1 test	747	$36,560.37
86355	B CELLS TOTAL COUNT	$48.91	$113.19	$37.73	3	3 visits x 1 test	739	$36,145.34
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	$42.11	$236.80	$29.60	8	8 visits x 1 test	847	$35,668.00
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	$106.91	$300.00	$100.00	3	3 visits x 1 test	333	$35,600.00
84403	ASSAY OF TESTOSTERONE TOTAL	$46.45	$206.48	$25.81	8	8 visits x 1 test	659	$30,610.66

Pathology and Labs—**Expenditure** Sort ($10,000 +) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
83036	HEMOGLOBIN GLYCOSYLATED A1C	$14.85	$77.68	$9.71	8	8 visits x 1 test	2,059	$30,567.08
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	$12.84	$69.93	$7.77	9	9 visits x 1 test; appears weekly over 2 months period	2,363	$30,341.85
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	$8.23	$34.16	$4.27	8	8 visits over 7 months x 1 test	3,141	$25,850.58
86780	ANTIBODY TREPONEMA PALLIDUM	$23.79	$66.20	$13.24	5	5 visits x 1 test	1,005	$23,911.44
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	$38.13	$93.99	$31.33	3	3 visits x 1 test	604	$23,027.55
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	$22.98	$134.40	$16.80	8	8 visits x 1 test	941	$21,621.60
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	$146.91	$619.56	$36.14	12	1 visit (12 units)	131	$19,244.56
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	$12.68	$72.31	$10.33	7	7 visits x 1 test	1,356	$17,189.12
86708	HEPATITIS A ANTIBODY HAAB	$14.50	$74.34	$12.39	6	6 visits x 1 test	1,093	$15,846.81

Pathology and Labs—**Expenditure** Sort ($10,000 +) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	$13.84	$84.35	$12.05	7	7 visits x 1 test	1,063	$14,713.05
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	$52.51	$140.36	$35.09	4	4 visits x 1 test	280	$14,702.71
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	$63.22	$171.36	$42.84	4	4 visits x 1 test	227	$14,351.40
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$5.41	$31.70	$3.17	10	10 visits x 1 test (2 months with 2-3 tests)	2,265	$12,258.39
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	$162.10	$398.25	$79.65	5	5 visits x 1 test	74	$11,995.26
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	$23.80	$147.12	$18.39	8	8 visits x 1 test	435	$10,353.57
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	$35.21	$70.18	$35.09	2	2 visits x 1 test	293	$10,316.46

Pathology-**Client** Sort (over 670)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Pathology and Laboratory**	**$751.84**	**$4,892.09**	**$3.28**	**42**	**-**	**4,061**	**$3,053,210.28**
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	$163.14	$765.90	$85.10	9	test ~monthly	3,908	$637,569.20
80053	COMPREHENSIVE METABOLIC PANEL	$20.15	$116.16	$10.56	11	11 visits x 1 test	3,804	$76,633.92
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	$127.63	$877.25	$35.09	25	9 visits x 1-3 test per visit	3,298	$420,939.64
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86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	$8.23	$34.16	$4.27	8	8 visits over 7 months x 1 test	3,141	$25,850.58
80061	LIPID PANEL	$21.70	$107.12	$13.39	8	8 visits x 1 test	2,938	$63,763.18
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	$80.37	$281.88	$46.98	6	6 visits x 1 test	2,693	$216,436.86
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	$12.84	$69.93	$7.77	9	9 visits x 1 test; appears weekly over 2 months period	2,363	$30,341.85
86803	HEPATITIS C ANTIBODY	$21.56	$71.35	$14.27	5	5 visits x 1 test	2,282	$49,188.69
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$5.41	$31.70	$3.17	10	10 visits x 1 test (2 months with 2-3 tests)	2,265	$12,258.39
83036	HEMOGLOBIN GLYCOSYLATED A1C	$14.85	$77.68	$9.71	8	5 visits x 1 test	2,059	$30,567.08
86359	T CELLS TOTAL COUNT	$60.46	$264.11	$37.73	7	7 visits x 1 test	1,783	$107,794.61

Pathology-**Client Sort** (over 670) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
86361	T CELLS ABSOLUTE CD4 COUNT	$44.10	$133.90	$26.78	5	5 visits x 1 test	1,467	$64,700.48
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86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	$66.27	$185.94	$61.98	3	3 visits x 1 test	1,186	$78,590.64
86593	SYPHILIS TEST QUANTITATIVE	$7.76	$22.00	$4.40	5	5 visits x 1 test (1 month-2 test)	1,135	$8,804.40
86708	HEPATITIS A ANTIBODY HAAB	$14.50	$74.34	$12.39	6	6 visits x 1 test	1,093	$15,846.81
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	$13.84	$84.35	$12.05	7	7 visits x 1 test	1,063	$14,713.05
86780	ANTIBODY TREPONEMA PALLIDUM	$23.79	$66.20	$13.24	5	5 visits x 1 test (1 month-2 test)	1,005	$23,911.44
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	$22.98	$134.40	$16.80	8	8 visits x 1 test	941	$21,621.60
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	$42.11	$236.80	$29.60	8	8 visits x 1 test	847	$35,668.00
86357	NATURAL KILLER CELLS TOTAL COUNT	$48.94	$113.19	$37.73	3	3 visits x 1 test	747	$36,560.37
86706	HEPATITIS B SURF ANTIBODY HBSAB	$12.57	$42.96	$10.74	4	4 visits x 1 test	741	$9,311.58
86355	B CELLS TOTAL COUNT	$48.91	$113.19	$37.73	3	3 visits x 1 test	739	$36,145.34
82043	URINE ALBUMIN QUANTITATIVE	$8.19	$23.12	$5.78	4	4 visits x 1 test	687	$5,623.94

*Radiology—**Expenditure** sort ($3,000 +)* *Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	**Radiology**	**$290.62**	**$25,044.81**	**$8.73**	**35**	**550**	**$159,841.36**
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	$19,630.45	$19,630.45	$19,630.45	35 visits (35 units total)	1	$19,630.45
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	$1,639.66	$2,981.20	$1,490.60	2 visits (2 units total)	10	$16,396.60
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	$442.15	$442.15	$442.15	1 visit (1 unit total)	30	$13,264.50
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$128.67	$130.87	$37.24	1 visit (1 unit total)	85	$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	$121.87	$239.08	$104.75	1 visit (2 units total)	75	$9,140.26
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	$8,973.92	$8,973.92	$8,973.92	16 visits (16 units total)	1	$8,973.92
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	$345.97	$366.42	$111.71	1 visit (1 unit total)	17	$5,881.49
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	$112.07	$222.10	$104.75	2 visits (2 units total)	47	$5,267.40
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	$44.69	$173.65	$10.71	4 visits (5 units total)	96	$4,290.27
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	$365.44	$454.90	$317.78	1 visit (2 units total)	9	$3,288.98
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	$1,023.26	$1,320.21	$429.35	1 visit (1 unit total)	3	$3,069.77

Radiology—**Client** sort (over 10) **Details Included*

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	**Radiology**	**$290.62**	**$25,044.81**	**$8.73**	**35**	**550**	**$159,841.36**
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	$44.69	$173.65	$10.71	5 visits (5 units total)	96	$4,290.27
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$128.67	$130.87	$37.24	1 visit (1 unit total)	85	$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	$121.87	$239.08	$104.75	1 visit (2 units total)	75	$9,140.26
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	$112.07	$222.10	$104.75	1 visit (2 units total)	47	$5,267.40
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	$442.15	$442.15	$442.15	1 visit (1 unit total)	30	$13,264.50
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$73.89	$114.47	$40.13	1 visit (2 units total)	29	$2,142.79
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	$91.58	$104.75	$89.18	1 visit (1 unit total)	26	$2,380.96
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$106.64	$107.58	$104.75	1 visit (1 unit total)	24	$2,559.28
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$110.82	$210.68	$104.75	2 visits (2 units total)	19	$2,105.62
76830	US TRANSVAGINAL	$116.38	$122.19	$104.75	1 visit (1 unit total)	18	$2,094.78
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	$64.13	$173.16	$42.17	2 visits (2 units total)	18	$1,154.27
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	$345.97	$366.42	$111.71	1 visit (1 unit total)	17	$5,881.49
71250	CT THORAX W/O CONTRAST MATERIAL	$132.72	$209.50	$53.05	2 visits (2 units total)	17	$2,256.32
76870	US SCROTUM & CONTENTS	$115.19	$306.75	$102.25	2 visits (3 units total)	16	$1,843.00
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$88.89	$173.16	$33.61	2 visits (2 units total)	15	$1,333.29
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$128.51	$217.49	$104.75	1 visit (2 units total)	13	$1,670.68
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	$1,639.66	$2,981.20	$1,490.60	2 visits (2 units total)	10	$16,396.60
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	$232.07	$305.97	$206.97	1 visit (2 units total)	10	$2,320.70

Surgery—**Expenditure** sort ($3,000 +)**Details Included*

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	**Surgery**	**$143.85**	**$4,840.55**	**$8.83**	**12**	**2,745**	**$394,864.69**
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	$768.28	$1,124.36	$217.15	1 visit (2 units total)	65	$49,938.46
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	$18.67	$105.96	$8.83	12 visits (12 units total)	2,615	$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$181.55	$491.60	$121.71	4 visits (4 units total)	159	$28,867.22
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	$602.83	$1,205.66	$150.23	2 visits (4 units total)	45	$27,127.35
46924	DSTRJ LESION ANUS EXTENSIVE	$1,512.21	$3,000.68	$201.87	2 visits (4 units total)	17	$25,707.65
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	$703.86	$2,764.26	$460.71	6 visits (6 units total)	36	$25,339.05
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$838.41	$1,728.06	$274.85	2 visits (4 units total)	23	$19,283.51
46615	ANOSCOPY ABLATION LESION	$2,689.52	$2,775.18	$2,675.24	1 visit (2 units total)	7	$18,826.62
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	$1,010.90	$2,248.72	$85.07	2 visits (2 units total)	15	$15,163.44
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$523.66	$656.97	$200.65	1 visit (2 units total)	26	$13,615.15
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	$338.88	$1,018.64	$150.41	4 visits (4 units total)	29	$9,827.49
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	$901.06	$1,684.28	$589.18	2 visits (4 units total)	10	$9,010.58
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	$1,581.44	$1,770.09	$1,298.47	1 visit (2 units total)	5	$7,907.21
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$356.88	$1,454.37	$155.90	2 visits (2 units total)	18	$6,423.86
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	$670.31	$1,206.56	$301.64	4 visits (4 units total)	9	$6,032.80
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$186.23	$472.40	$118.10	4 visits (4 units total)	30	$5,586.85
66984	CATARACT REMOVAL INSERTION OF LENS	$1,514.50	$1,702.10	$1,139.31	1 visit (2 units total)	3	$4,543.51
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	$713.09	$713.09	$713.09	1 visit (1 unit total)	5	$3,565.45
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$152.93	$381.50	$70.96	2 visits (2 units total)	21	$3,211.48

Surgery—**Client** sort (10 +)**Details Included*

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	**Surgery**	**$143.85**	**$4,840.55**	**$8.83**	**12**	**2,745**	**$394,864.69**
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	$18.67	$105.96	$8.83	12 visits (12 units total)	2,615	$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$181.55	$491.60	$121.71	4 visits (4 units total)	159	$28,867.22
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	$768.28	$1,124.36	$217.15	1 visit (2 units total)	65	$49,938.46
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	$602.83	$1,205.66	$150.23	2 visits (4 units total)	45	$27,127.35
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	$703.86	$2,764.26	$460.71	6 visits (6 units total)	36	$25,339.05
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$186.23	$472.40	$118.10	4 visits (4 units total)	30	$5,586.85
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	$338.88	$1,018.64	$150.41	4 visits (4 units total)	29	$9,827.49
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$523.66	$656.97	$200.65	1 visit (2 units total)	26	$13,615.15
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$838.41	$1,728.06	$274.85	2 visits (4 units total)	23	$19,283.51
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$152.93	$381.50	$70.96	2 visits (2 units total)	21	$3,211.48
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	$127.09	$190.75	$104.35	1 visit (1 unit total)	19	$2,414.65
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	$68.34	$119.44	$59.72	2 visits (2 units total)	19	$1,298.51
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$356.88	$1,454.37	$155.90	2 visits (2 units total)	18	$6,423.86
46924	DSTRJ LESION ANUS EXTENSIVE	$1,512.21	$3,000.68	$201.87	2 visits (4 units total)	17	$25,707.65
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	$142.64	$292.02	$53.99	2 visits (4 units total)	16	$2,282.17
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$17.79	$60.21	$1.98	1 visit (9 units total)	16	$284.67
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	$1,010.90	$2,248.72	$85.07	2 visits (2 units total)	15	$15,163.44
11104	PUNCH BIOPSY SKIN SINGLE LESION	$201.78	$379.92	$130.53	1 visit (1 unit total)	14	$2,824.98
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$70.62	$174.84	$51.74	3 visits (3 units total)	12	$847.46
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$210.85	$377.46	$136.40	2 visits (2 units total)	11	$2,319.37
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	$94.48	$242.44	$60.61	4 visits (4 units total)	11	$1,039.29
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	$901.06	$1,684.28	$589.18	2 visits (4 units total)	10	$9,010.58

Other Medicine—**Expenditure** sort ($6,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Other Medicine**	**$273.50**	**$6,550.19**	**$0.49**	**1200**	-	**2,818**	**$770,725.79**
90677	Pcv20 vaccine im	$288.66	$288.66	$288.66	1	1 visit	336	$96,989.76
J0561	Injection, penicillin g benzathine, 100,000 units	$501.48	$2,086.08	$21.73	96	4 visits (24 units)	154	$77,228.42
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$323.16	$643.56	$214.52	3	3 visits	233	$75,296.52
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	$35.31	$148.26	$21.18	7	7 visits	1,082	$38,210.82
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR	$213.71	$480.84	$160.28	3	3 visits	132	$28,209.28
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$869.22	$3,830.08	$339.48	11	11 visits	31	$26,945.90
90750	HZV ZOSTER VACC RECOMBINANT	$172.05	$283.26	$141.63	2	2 visits	149	$25,635.03
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-	$163.76	$365.49	$121.83	3	3 visits	154	$25,218.81
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION	$48.76	$251.43	$14.79	17	17 visits	499	$24,329.55
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL	$253.32	$594.68	$200.64	2	1 visit (2 units)	63	$15,959.27
G2211	Complex e/m visit add on	$35.01	$120.05	$17.15	7	7 visits	436	$15,263.50
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT	$152.07	$219.90	$125.95	2	1 visit (2 units)	88	$13,382.05
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15	$690.69	$2,597.30	$82.02	95	52 visits (2 units)	19	$13,123.20
G0008	Administration of influenza virus vaccine	$45.26	$45.26	$45.26	1	1 visit	280	$12,672.80
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN	$717.56	$2,522.80	$89.04	85	43 visits (2 units)	17	$12,198.48
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV	$200.32	$806.44	$125.95	8	4 visits (2 units)	60	$12,019.04
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL	$500.60	$500.60	$500.60	1	1 visit	22	$11,013.20
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	$164.54	$896.55	$59.77	15	15 visits	66	$10,859.52
90715	TDAP VACCINE 7 YRS/> IM	$39.07	$76.62	$38.31	2	2 visits	252	$9,845.67
96127	BEHAV ASSMT W/SCORE & DOCD/STAND	$22.82	$90.86	$12.98	7	7 visits	421	$9,605.20
90619	MENACWY-TT CONJ VACC SEROGROUPS	$153.48	$279.88	$139.94	2	2 visits	62	$9,515.92
SMOS	Medical Outcomes Study: MOS-HIV Health	$83.24	$201.69	$67.23	3	3 visits	105	$8,739.90
A9502	Technetium tc-99m tetrofosmin, diagnostic,	$287.32	$287.32	$287.32	2	1 visit (2 units)	30	$8,619.60
S57	Beck Depression Inventory (BDI)	$63.53	$238.70	$34.10	7	7 visits	124	$7,877.10
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	$21.84	$90.90	$15.15	6	6 visits	358	$7,817.40
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV	$154.02	$366.72	$91.68	4	1 visit (4 units)	50	$7,701.12
SSTAI	Spielberger State - Trait Anxiety Inventory	$66.56	$227.80	$45.56	5	5 visits	115	$7,654.08
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL	$104.22	$556.08	$19.86	28	15 visits (2 units)	66	$6,878.64
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST	$1,290.72	$2,581.44	$322.68	8	8 visits	5	$6,453.60
96156	HEALTH BEHAVIOR ASSESSMENT/RE-	$91.97	$179.74	$89.87	2	2 visits	70	$6,437.97

Other Medicine-**Client** Sort (100 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	**Other Medicine**	**$273.50**	**$6,550.19**	**$0.49**	**1200**	**-**	**2,818**	**$770,725.79**
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	$35.31	$148.26	$21.18	7	7 visits	1,082	$38,210.82
REFP	Processing HIV Primary Care Referrals	$4.71	$10.50	$3.50	3	3 visits	818	$3,850.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$48.76	$251.43	$14.79	17	17 visits	499	$24,329.55
G2211	Complex e/m visit add on	$35.01	$120.05	$17.15	7	7 visits	436	$15,263.50
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$22.82	$90.86	$12.98	7	7 visits	421	$9,605.20
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	$21.84	$90.90	$15.15	6	6 visits	358	$7,817.40
90677	Pcv20 vaccine im	$288.66	$288.66	$288.66	1	1 visit	336	$96,989.76
G0008	Administration of influenza virus vaccine	$45.26	$45.26	$45.26	1	1 visit	280	$12,672.80
90715	TDAP VACCINE 7 YRS/> IM	$39.07	$76.62	$38.31	2	2 visits	252	$9,845.67
J0696	Injection, ceftriaxone sodium, per 250 mg	$0.99	$2.94	$0.49	6	2 visits (2-4 units each)	236	$234.22
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$323.16	$643.56	$214.52	3	3 visits	233	$75,296.52
J0561	Injection, penicillin g benzathine, 100,000 units	$501.48	$2,086.08	$21.73	96	4 visits (24 units each)	154	$77,228.42
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-135 IM USE	$163.76	$365.49	$121.83	3	3 visits	154	$25,218.81
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	$172.05	$283.26	$141.63	2	2 visits	149	$25,635.03
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	$213.71	$480.84	$160.28	3	3 visits	132	$28,209.28
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	$16.56	$45.81	$15.27	3	3 visits	130	$2,153.07
S57	Beck Depression Inventory (BDI)	$63.53	$238.70	$34.10	7	7 visits	124	$7,877.10
G0103	Prostate cancer screening; prostate specific antigen test (psa)	$21.05	$57.93	$19.31	3	3 visits	122	$2,568.23
SSTAI	Spielberger State - Trait Anxiety Inventory	$66.56	$227.80	$45.56	5	5 visits	115	$7,654.08
SMOS	Medical Outcomes Study: MOS-HIV Health Survey	$83.24	$201.69	$67.23	3	3 visits	105	$8,739.90

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

Yellow highlights removed; sort by therapeutic, pharma and brand

This is a comprehensive list of medications that may be required by individuals who have HIV or AIDS. To access these medications funded by the Ryan White Part A/MAI Program, eligible clients must also reside permanently in Miami-Dade County and have a gross household income below 400% of the most current Federal Poverty Level (FPL) guidelines used by the local Part A/MAI Program.

There may be special situations where medications are needed that are not on this list (i.e., HIV-related heart disease or HIV-related kidney failure) and there is a mechanism set up to deal with such extenuating circumstances. However, additions to the Formulary are currently restricted to life-saving or cost-saving medications.

IMPORTANT NOTES:

[1] *Effective March 1, 2016, use local drug coding system (i.e., "RW Miami Pharma Code") as developed by Miami-Dade County Office of Management and Budget.*

[2] *Medications assigned a letter notation "A" are available through the Florida AIDS Drug Assistance Program (ADAP). These medications will only be covered by the County's Ryan White Part A or Minority AIDS Initiative Programs if the ADAP has a waitlist or the medications are not available through ADAP. In addition, if another letter notation is indicated, the specified criteria under the designated letter must be met. Refer to the accompanying Comments/Notations attachment for more details on each letter notation.* ***Yellow*** *shading in the list below reflects the addition of* ***any*** *new medication, ADAP or other.* ***Green*** *shading is a new or revised notation to an existing medication.*

[3] *Prescription Drug referrals will be good for the life of the prescription and may be written for one (1) initial (original) and no more than five (5) monthly refills for medications listed on this Formulary as deemed necessary by the client's physician and as allowable by State of Florida law; unless the client becomes ineligible for Ryan White Part A or MAI Program-funded services.*

[4] *Vaccines (Hep A, Hep B, Pneumovax, etc.) have been removed from the Ryan White Program Prescription Drug Formulary. Where applicable, vaccines may be provided and billed for under the Ryan White Program outpatient medical care services using the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code, only if rthese vaccines are not available from any other funding source (e.g., Medicaid, ADAP, private insurance, etc.).*

[5] *All medications dispensed should be generic unless a generic is not available. However, Ryan White Part A/MAI Program-funded prescription drug service providers must use the most cost-effective product, either brand or generic, whichever is less expensive at the time of dispensing.*

[6] *There is no limitation on dosage or formulation unless otherwise noted specifically on this Formulary.*

[7] *The Ryan White Program must always be used as the payer of last resort.*

[8] ~~*If the Notation cell on the Part A Formulary indicates an "A" and is highlighted yellow (or shaded) this means the medication was recently added to the ADAP Formulary through its Phase 2 expansion; and these medications are part of a transition grace period through June 30, 2018. During this grace period, clients may continue to use Part A to access these highlighted medications; but, they are expected to enroll in or maintain active enrollment in ADAP before June 30, 2018. An original prescription or electronic prescription (eScript) is required for ADAP enrollment.*~~ ***This Notation is no longer applicable.***

[9] *Effective August 19, 2019, all antiretrovirals will be automatically added to the Ryan White Program Part A Prescription Drug Formulary once they are added to the Florida ADAP Formulary, unless the Part A Recipient (i.e., Miami-Dade County) deems discussion with the Partnership necessary.*

ARVs=Pink highlight

Blue strikethrough-remove, off market

Black strikethrough-remove

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Analgesic	Miscellaneous	Tylenol®	acetaminophen	RX0100	A,QQ
Analgesic	Opiate Agonist	Percocet® 5/325mg	oxycodone & acetaminophen 5/325mg	RX0102	Y
Analgesic	Opiate Agonist	Roxicodone®	oxycodone	RX0103	Y
Analgesic Combination	Opiate Agonist	Tylenol #3®, Tylenol #4®	acetaminophen and codeine	RX0105	
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Advil®, Motrin®	ibuprofen	RX0106	A (Motrin only), RR
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Naprosyn®	naproxen	RX0107	A,RR
Analgesic; Antiplatelet Agent	Salicylate	Bayer®, Ecotrin®	aspirin	RX0108	A,QQ
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Ozempic®, Rybelsus®, Wegovy®**	**semaglutide**	**RX0211**	**A**
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Trulicity®**	**dulaglutide**	**RX0212**	**A**
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Victoza®**	**liraglutide**	**RX0213**	**A**
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Farxiga®**	**dapagliflozin**	**RX0215**	**A**
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Invokana®**	**canagliflozin**	**RX0214**	**A**
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Jardiance®**	**empagliflozin**	**RX0216**	**A**
Antidiabetic Agent	Biguanide	Glucophage®, Glucophage XR®	metformin, metformin ER	RX0200	A
Antidiabetic Agent	Sulfonylurea	Diabeta®	glyburide	RX0202	A
Antidiabetic Agent	Sulfonylurea	Glucotrol®, Glucotrol XL®	glipizide, glipizide ER	RX0201	A
Antidiabetic Agent, Insulin	Insulin 70/30	Humulin® 70/30 and Novolin® 70/30	insulin NPH and insulin regular	RX0203	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Antidiabetic Agent, Insulin	Insulin, Intermediate-Acting	Humulin N® and Novolin N®	isophane insulin	RX0204	A
Antidiabetic Agent, Insulin	Insulin, Intermediate-to-Long-Acting	Levemir®	insulin detemir injection	RX0205	A,Z
Antidiabetic Agent, Insulin	Insulin, Long-Acting	Lantus®	insulin glargine injection	RX0206	A,Z
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	Humalog®	insulin lispro injection	RX0207	A,Z
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	NovoLog®	insulin aspart injection	RX0208	A,Z
Antidiabetic Agent, Insulin	Insulin, Short-Acting	Humulin R® and Novolin R®	insulin regular	RX0209	A
Antigout	**Xanthine oxidase inhibitor**	**Aloprim®, Zyloprim®**	**allopurinol**	**RX2300**	**A**
Anti-HIV Agent	Antiretroviral Agent-CCR5 Antagonist	Selzentry®	maraviroc (MVC)	RX0300	A,W,LL
Anti-HIV Agent	HIV-1 Capsid Inhibitor	Sunlenca®	lenacapavir	pending	
Anti-HIV Agent	Antiretroviral Agent-Fusion Protein Inhibitor	Fuzeon®	enfuvirtide (ENF, T-20)	RX0301	A,U
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Isentress®, Isentress HD®	raltegravir (RAL), raltegravir HD (RAL HD)	RX0302	A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Intelence®	etravirine	RX0303	A,X
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Sustiva®	efavirenz (EFV)	RX0305	A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Viramune®, Viramune XR®	nevirapine (NVP), nevirapine XR (NVP)	RX0306	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Emtriva®	emtricitabine (FTC)	RX0307	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Epivir®	lamivudine (3TC)	RX0308	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Retrovir®	zidovudine (AZT)	RX0309	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Ziagen®	abacavir (ABC)	RX0312	A,UU
Anti-HIV Agent	Antiretroviral Agent-Nucleotide Reverse Transcriptase Inhibitor	Viread®	tenofovir disoproxil fumarate (TDF)	RX0313	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Norvir®	ritonavir (RTV)	RX0318	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Prezista®	darunavir (DRV)	RX0319	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Reyataz®	atazanavir (ATV)	RX0320	A
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Tivicay®	dolutegravir (DTG)	RX0322	SS,A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitors	Edurant®	rilpivirine (RPV)	RX0323	A,II
~~**Anti-HIV Agent Combination**~~	~~**Antiretrovial Agent - Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase**~~	~~**Biktarvy®**~~	~~**bictegravir / emtricitabine / tenofovir alafenamide (BIC / TAF / FTC)**~~	~~**RX0425**~~	~~**A, GGG**~~
Anti-HIV Agent Combination	Reverse Transcriptase Inhibitor (NNRTI) and Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	Descovy®	emtricitabine / tenofovir alafenamide (FTC / TAF)	RX0423	A,CCC
Anti-HIV Agent Combination	reverse transcriptase inhibitor (NNRTI) and nucleoside reverse transcriptase inhibitors (NRTIs)	Odefsey®	emtricitabine / rilpivirine / tenofovir alafenamide (RPV / FTC / TAF)	RX0422	A,BBB
Anti-HIV Agent Combination	Antiretroviral Agent, Nucleos[t]ide Reverse Transcriptase Inhibitor	Truvada®	emtricitabine / tenofovir disoproxil fumarate (FTC / TDF)	RX0410	A
Anti-HIV Agent Combination	Integrase strand transfer inhibitor, pharmacokinetic enhancer, nucleos(t)ide analog HIV-1 reverse	Stribild	cobicistat / elvitegravir / emtricitabine / tenofovir disoproxil fumarate (EVG / COBI / FTC / TDF)	RX0411	A,OO
Anti-HIV Agent Combination	reverse transcriptase inhibitor (NNRTI) and nucleos [t]ide reverse transcriptase inhibitors (NRTIs)	Complera®	emtricitabine / rilpivirine / tenofovir disoproxil fumarate (FTC / RPV / TDF)	RX0412	A,KK
~~Anti-HIV Agent Combination~~	~~Antiretroviral Agent Nucleoside Reverse Transcriptase Inhibitor~~	~~Trizivir®~~	~~abacavir / lamivudine / zidovudine (ABC / 3TC / AZT)~~	~~RX0413~~	~~A,UU~~
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Combivir®	lamivudine / zidovudine (3TC / AZT)	RX0414	A
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Epzicom®	abacavir / lamivudine (ABC / 3TC)	RX0415	A,UU
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitors Plus Integrase Strand Transfer Inhibitor	Triumeq®	abacavir / dolutegravir / lamivudine (DTG / ABC / 3TC)	RX0416	A,UU,VV

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-HIV Agent Combination	Reverse Transcriptase Inhibitors, Non-Nucleoside Reverse Transcriptase Inhibitors Combination	Atripla®	efavirenz / emtricitabine / tenofovir (EFV / FTC / TDF)	RX0417	A
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor	Kaletra®	lopinavir / ritonavir (LPV / RTV)	RX0418	A
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Evotaz®	atazanavir / cobicistat (ATV / COBI)	RX0419	A,WW
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Prezcobix®	darunavir / cobicistat (DRV / COBI)	RX0420	A,XX
Anti-HIV Agent Combination	Integrase Inhibitor, CYP3A Inhibitor, Nucleoside Analog Reverse Transcriptase Inhibitors (NRTIs)	Genvoya®	elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide (EVG / COBI / FTC / TAF)	RX0421	A, ZZ
Anti-HIV Agent Combination	Integrase Strand Transfer Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (INSTI / NRTI Combo)	Dovato®	dolutegravir / lamivudine	RX0427	A
Anti-HIV Agent Combination	Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo)	Juluca®	dolutegravir 50 mg / rilpivirine 25 mg	RX0424	A
Anti-HIV Agent Combination	Protease Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (PI / NRTI Combo)	Symtuza®	darunavir / cobicistat / emtricitabine / and tenofovir alafenamide	RX0426	A
Anti-infective	Antibiotic-Antimalarial	Daraprim®	pyrimethamine	RX0500	A
Anti-infective	Antibiotic-Cephalosporin (1st Gen)	Keflex®	cephalexin	RX0501	
Anti-infective	Antibiotic-Lincosamide	Cleocin®	clindamycin capsules	RX0502	A
Anti-infective	Antibiotic-Macrolide	Biaxin®	clarithromycin	RX0503	A,DD
Anti-infective	Antibiotic-Macrolide	Zithromax®	azithromycin	RX0504	A
Anti-infective	Antibiotic-Penicillin	Amoxil®	amoxicillin	RX0505	
Anti-infective	Antibiotic-Penicillin	Augmentin®	amoxicillin / clavulanate	RX0506	
Anti-infective	Antibiotic-Penicillin	Penicillin VK®, Bicillin L-A®, Penicillin G®, Benzathine Penicillin G®, Penicillin G Potassium®	penicillin (VK, benzathine, aqueous)	RX0507	
Anti-infective	Antibiotic-Quinolone	Cipro®	ciprofloxacin	RX0508	

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-infective	Antibiotic-Quinolone	Levaquin®	levofloxacin	RX0509	A
Anti-infective	Antibiotic-Sulfonamide	Septra®, Septra DS®, Bactrim®, Bactrim DS®	sulfamethoxazole / trimethoprim (SMX / TMP), sulfamethoxazole / trimethoprim DS (SMX / TMP DS)	RX0510	A
Anti-infective	Antibiotic-Sulfonamide Derivative	Dapsone®	dapsone	RX0511	A
Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfadiazine	sulfadiazine	RX0512	A
Anti-infective	Antibiotic-Tetracycline	Tetracycline	tetracycline	RX0513	
Anti-infective	Antibiotic-Tetracycline	Vibra-Tabs®, Vibramycin®	doxycycline (oral)	RX0514	
Anti-infective	Antiviral	Tamiflu®	oseltamivir	RX0516	A
Anti-infective, Amebicide	Amebicide	Paromycin®, Humatin®	paromomycin	RX0517	A
Anti-infective, Amebicide	Amebicide, Trichomonaside	Flagyl®	metronidazole	RX0518	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Diflucan®	fluconazole	RX0519	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Mycelex® Troche	clotrimazole troches	RX0521	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Nizoral®	ketoconazole	RX0522	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Nizoral® (topical)	ketoconazole topical (cream or shampoo)	RX0526	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Sporanox® (solution)	itraconazole (oral solution)	RX0523	A,B
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Terazol®	terconazole topical	RX0524	A
Anti-infective, Antifungal	Antibiotic-Polyene Antifungals	Bio-Statin® (suspension), Mycostatin® (suspension), nystatin suspension	nystatin suspension	RX0527	A
Anti-infective, Antifungal Combination	Antibiotic-Azole Antifungal	Lotrisone®	clotrimazole / betamethasone (cream, lotion & gel)	RX0528	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-infective, Antimalarial	Antimalarial	Primaquine®	primaquine	RX0529	A
Anti-infective, Antiprotozoal	Antiprotozoal	Mepron®	atovaquone	RX0530	A
Anti-infective, Antitubercular	Antitubercular	Isoniazid®, Nydrazid®	isoniazid (INH)	RX0531	A
Anti-infective, Antitubercular	Antitubercular	Myambutol®	ethambutol	RX0532	A
Anti-infective, Antitubercular	Antitubercular	Mycobutin®	rifabutin	RX0533	A
Anti-infective, Antitubercular	Antitubercular	Pyrazinamide®	pyrazinamide	RX0534	A
Anti-infective, Antitubercular	Antitubercular	Rifadin®, Rimactane®	rifampin	RX0535	A
Anti-infective, Antiviral	Antiviral	Valcyte®	valganciclovir hydrochloride	RX0536	A
Anti-infective, Antiviral	Antiviral	Valtrex®	valacyclovir hydrochloride	RX0537	A
Anti-infective, Antiviral	Antiviral	Zovirax®	acyclovir	RX0538	A
Anti-obesity	**Anoretic agents**	**Contrave®**	**naltrexone ER / bupropion ER**	**RX2400**	**A**
Anti-obesity	**Gastrointestinal lipase inhibitor**	**Alli®, Xenical®**	**orlistat**	**RX2401**	**A**
Antiretroviral	CD4 post-attachment HIV-1 inhibitor	Trogarzo®	ibalizumab-viyk injection	RX0432	A
Antiretroviral	Gp-120 directed attachment inhibitor	Rukobia®	fostemsavir	RX0325	A
Antiretroviral	Integrase Strand Transfer Inhibitor (INSTI)	Vocabria®	cabotegravir (CAB) (oral)	RX0327	A
Antiretroviral	Integrase Strand Transfer Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor (INSTI / NNRTI Combo)	Cabenuva®	cabotegravir / rilpivirine (CAB / RPV) (long-acting injectable)	RX0428	A
Antiretroviral	Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)	Pifeltro®	doravirine (DOR)	RX0326	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Antiretroviral	Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI combo)	Delstrigo®	doravirine / lamivudine / tenofovir disoproxil fumarate	RX0431	A
Antiretroviral	Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI Combo)	Symfi®, SymfiLo®	efavirenz / lamivudine / tenofovir disoproxil fumarate (EFV / 3TC / TDF)	RX0433	A
Antiretroviral	Nucleoside Reverse Transcriptase Inhibitor (NRTI combo)	Cimduo®, Temixys®	tenofovir disoproxil fumarate / lamivudine (TDF/3TC)	RX0429	A
Antiretroviral, Anti-HIV Agent	**Nucleoside [analog] Reverse Transcriptase Inhibitors (NRTI)**	**Vemlidy®**	**tenofovir alafenamide (TAF)**	**RX0328**	**A**
Blood formation and coagulation	**Anticoagulant**	**Eliquis®**	**apixaban**	**RX0704**	**A**
Blood formation and coagulation	**Anticoagulant**	**Pradaxa®**	**dabigatran**	**RX0705**	**A**
Blood formation and coagulation	**Anticoagulant**	**Xarelto®**	**rivaroxaban**	**RX0706**	**A**
Blood Formation and Coagulation	Erythropoiesis-Stimulating Agent	Epogen®, Procrit®	erythropoietin (epoetin alpha)	RX0700	A,R
Blood Formation and Coagulation	Granulotye-Stimulating Agent	Neupogen®	filgrastim	RX0701	A,Q
Blood Formation and Coagulation	Vitamin K Antagonist	Coumadin®	warfarin	RX0702	A
Blood Formation and Coagulation, Anemia	Iron Salt	ferrous sulfate, Feosol®, FeroSul®, FerrouSul®	ferrous sulfate (iron)	RX0703	A,RR
Cardiovascular	**Antiangina**	**Apresoline®**	**hydralazine**	**RX0821**	**A**
Cardiovascular	**Beta-blocker**	**Coreg®**	**carvedilol**	**RX0822**	**A**
Cardiovascular	**Beta-blocker**	**Hemangeol®, Inderal®, Inderal LA®, Inderal XL®, InnoPran XL®**	**propranolol**	**RX0824**	**A**
Cardiovascular	**Beta-blocker**	**Normodyne®, Trandate®**	**labetalol**	**RX0823**	**A**
Cardiovascular	**Platelet inhibitor**	**Effient®**	**prasugrel**	**RX0826**	**A**
Cardiovascular	**Platelet inhibitor**	**Plavix®**	**clopidogrel**	**RX0825**	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Cardiovascular	**Thiazide-like diuretic**	**Thalitone®**	**chlorthalidone**	**RX0827**	**A**
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Lotensin®	benazepril	RX0801	A
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Vasotec®	enalapril	RX0802	A
Cardiovascular Agent	Angiotension II Receptor Blocker	Teveten®	eprosartan	RX0803	L
Cardiovascular Agent	Beta-Blocker	Lopressor® (tartrate), Toprol XL® (succinate)	metoprolol (tartrate and succinate)	RX0804	A
Cardiovascular Agent	Beta-Blocker	Tenormin®	atenolol	RX0805	A
Cardiovascular Agent	Calcium Channel Blocker	Adalat CC®, Procardia XL®	nifedipine	RX0806	A
Cardiovascular Agent	Calcium Channel Blocker	Calan®, Calan SR®	verapamil	RX0807	A
Cardiovascular Agent	Calcium Channel Blocker	Cardizem CD®	diltiazem	RX0808	A
Cardiovascular Agent	Cardiac Glycoside	Lanoxin®	digoxin	RX0809	A
Cardiovascular Agent	Electrolyte Replacement	Klor-Con®, potassium chloride	potassium chloride	RX0810	A
Cardiovascular Agent	Loop Diuretic	Lasix®	furosemide	RX0811	A
Cardiovascular Agent	Thiazide Diuretic	Microzide®	hydrochlorothiazide (HCTZ)	RX0812	A
Cardiovascular Agent	Vasodilating Agent	Nitroglycerin® (capsules)	nitroglycerin capsules	RX0813	
Cardiovascular Agent	Vasodilating Agent	Nitro-stat® (sublingual)	nitroglycerin sublingual	RX0814	A
Cardiovascular Agent; Antilipemic	Fibric Acid	Lopid®	gemfibrozil	RX0815	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Crestor®	rosuvastatin [5 mg, 10 mg & 20 mg (maximum of 30 tablets)]	RX0816	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Lipitor®	atorvastatin	RX0817	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Pravachol®	pravastatin	RX0818	A
Cardiovascular Agent; Antilipemic	Water Soluble Vitamin	Niaspan®	niacin	RX0819	A
Cardiovascular, Antihyperlipidemic	Cholesterol absorption inhibitor	Zetia®	ezetimibe	RX0820	A
Central nervous system	**Anticholinergic**	**Cogentin®**	**benztropine**	**RX0927**	**A**
Central nervous system	**Anticonvulsant**	**Topamax®**	**topiramate**	**RX0928**	**A**
Central nervous system	**Antimigraine**	**Amerge®**	**naratriptan**	**RX0930**	**A**
Central nervous system	**Antimigraine**	**Frova®**	**frovatriptan**	**RX0929**	**A**
Central nervous system	**Antimigraine**	**Imitrex®**	**sumatriptan**	**RX0932**	**A**
Central nervous system	**Antimigraine**	**Maxalt®, Maxalt-MLT®**	**rizatriptan**	**RX0931**	**A**
Central nervous system	**Anxiolytic**	**Buspar®**	**buspirone**	**RX0933**	**A**
Central nervous system	**Muscle relaxant**	**Amrix®, Fexmid®, Flexeril®**	**cyclobenzaprine**	**RX0935**	**A**
Central nervous system	**Muscle relaxant**	**Baclofen®, FIRST Baclofen®, Gablofen®, Lioresal®, Lioresal Intrathecal®, Ozobax®**	**baclofen**	**RX0934**	**A**
Central Nervous System, ADHD	Norepinephrine Reuptake Inhibitor	Strattera®	atomoxetine	RX0900	AA
Central Nervous System, Anticonvulsant	Dibenzazepine Carboxamide	Tegretol®	carbamazepine	RX0902	
Central Nervous System, Anticonvulsant	GABA Analog	Neurontin®	gabapentin	RX0903	A
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakene®	valproic acid	RX0904	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakote®	divalproex sodium	RX0905	A
Central Nervous System, Anticonvulsant	Hydantoin	Dilantin®	phenytoin	RX0906	
Central Nervous System, Anticonvulsant	Phenyltriazine	Lamictal®	lamotrigine	RX0907	A
Central Nervous System, Antidepressants	Alpha-2 Antagonist	Remeron®	mirtazapine	RX0908	A
Central Nervous System, Antidepressants	Dopamine Reuptake Inhibitor	Wellbutrin®, Wellbutrin SR®	bupropion, bupropion SR	RX0909	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Celexa®	citalopram	RX0910	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Paxil®	paroxetine	RX0911	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Zoloft®	sertraline	RX0912	A
Central Nervous System, Antidepressants	Serotonin Reuptake Inhibitor	Desyrel®	trazodone	RX0913	A
Central Nervous System, Antidepressants	Serotonin/Norepinephrine Reuptake Inhibitor	Effexor®, Effexor XR®	venlafaxine	RX0914	A
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Elavil®	amitriptyline	RX0915	A
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Pamelor®	nortriptyline	RX0917	A
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Silenor®	doxepin	RX0916	A
Central Nervous System, Antimanic	Benzisoxazole	Risperdal®	risperidone	RX0919	A
Central Nervous System, Antimanic	Mood stabilizer	Lithobid®	lithium (lithium carbonate)	RX0920	A
Central Nervous System, Antimanic	Serotonin/Dopamin/Histamine/ Alpha-1 Antagonist	Zyprexa®	olanzapine	RX0921	A
Central Nervous System, Antipsychotic	Dibenzothiazepine	Seroquel®	quetiapine	RX0922	A,T

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Central Nervous System, Antipsychotic, Antiemetic	Phenothiazine	Compazine®, Compro®	prochlorperazine	RX0923	FROM ADAP FORMULARY EFF. 2/15/2019
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Ativan®	lorazepam	RX0924	
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Klonopin®	clonazepam	RX0925	
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Restoril®	temazepam	RX0926	
Dental, Anti-infective	Antibiotic	Peridex®	chlorhexidine gluconate (0.12%)	RX1000	
Device	Other	ACE Aerosol Cloud Enhancer®	inhaler spacer (one time only)	A4627	A
Gastrointestinal	**Antispasmodic**	**Bentyl®**	**dicyclomine**	**RX1109**	**A**
Gastrointestinal	**Gastric acid buffer**	**Carafate®**	**sucralfate**	**RX1110**	**A**
Gastrointestinal	**Laxative, bulk-forming**	**Citrucel®**	**methylcellulose**	**RX1112**	**A**
Gastrointestinal	**Laxative, bulk-forming**	**Equalactin®, Konsyl Fiber®**	**calcium polycarbophil**	**RX1111**	**A**
Gastrointestinal	**Laxative, bulk-forming**	**Fiberall®, Metamucil®, Perdiem Fiber®**	**psyllium**	**RX1113**	**A**
Gastrointestinal	**Laxative, stimulant**	**Dulcolax®, Correctol®, BisacEvac®, Bisacolax®, Codulax®, Alophen®, Feen A Mint®, Fleet Stimulant®**	**bisacodyl**	**RX1114**	**A**
Gastrointestinal	**Laxative, stool softener**	**Col-Rite®, Colace®, Correctol®, Silace®, Surfak®**	**docusate sodium**	**RX1115**	**A**
~~Gastrointestinal Agent~~	~~H2 Histamine Receptor Antagonist~~	~~Zantac®~~	~~ranitidine (75mg, 150 mg, & 300mg)~~	~~RX1100~~	~~A,EE,RR~~
Gastrointestinal Agent	Proton Pump Inhibitor	Prilosec®	omeprazole	RX1101	A,EE,RR
Gastrointestinal Agent, Antidiarrheal	Other	Imodium®	loperamide	RX1103	A,QQ
Gastrointestinal Agent, Anti-inflammatory Agent	5-Aminosalicyclic Acid Derivative	Canasa® (suppository)	mesalamine (suppository)	RX1107	

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Gastrointestinal Agent, Antidiarrheal, Combination	Other	Lomotil®	atropine / diphenoxylate	RX1104	A
Gastrointestinal Agent, Antidiarrheal, Probiotic	Probiotic	Lactinex®	lactobacillus acidophilus (granules)	RX1105	QQ
Gastrointestinal Agent, Antiemetic	Dopamine Antagonist	Reglan®	metoclopramide	RX1106	A
Gastrointestinal Agent, Cathartic	Osmotic Laxative	GoLYTELY®, Colyte®, MoviPret®, NuLYTELY®, TriLyte®	PEG-3350 (polyethylene gycol) and electrolytes oral solution	RX1108	PP
Genitourinary	**Bladder antispasmodic**	**Ditropan XL®, Gelnique®**	**oxybutynin**	**RX2500**	**A**
Hormone	Anabolic Agent	Marinol®	dronabinol	RX1200	A
Hormone	Androgen	Androderm®	testosterone patch	RX1206	A,LLL
Hormone	Androgen	Androgel®	testosterone gel	RX1207	A,LLL
Hormone	Androgen	Depo®-Testosterone	testosterone cypionate injection *(NOTE: testosterone gel / patch available through ADAP)*	RX1201	A,H,MMM
Hormone	Estrogen Derivative	Delestrogen®	estradiol valerate (injection)	RX1209	A, LLL
Hormone	Estrogen Derivative	Estrace®, Femtrace®, Cenestin®, Enjuvia®, Gynodiol®	estradiol (oral)	RX1208	A, LLL
Hormone	Progesterone	Provera®, DepoProvera®, Depo-SubQ®, Provera 104®, MPA®	medroxyprogesterone acetate	RX1212	A
Hormone	Progestin	Megace®	megestrol acetate	RX1202	A
Hormone	Androgen	Delatestryl®	testosterone enanthate injection *(NOTE: testosterone gel / patch available through ADAP)*	RX1204	H
Hormone Therapy (Genitourinary; Benign Prostatic Hypertrophy Agent)	5-Alpha Reductase Inhibitor	Proscar®, Propecia® (oral)	finasteride (oral)	RX1211	A, LLL
Edema; Antihypertensive; Diagnosis of Primary Hyperaldosteronism; Treatment of Diuretic-induced	Potassium-sparing Diuretic	Aldactone®	spironolactone	RX1210	A, LLL
Hormone, Corticosteroid	Corticosteroids	Prednisone®	prednisone	RX1205	

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Ophthalmic Agent, Antiglaucoma	Beta-Blocker, Non-selective	Timoptic®	timolol ophthalmic	RX1400	
Ophthalmic Agent, Antiglaucoma	Prostaglandin	Xalatan®	latanoprost ophthalmic	RX1401	**A**
Ophthalmic Agent; Anti-infective	Antibiotic-Aminoglycoside	Tobrex®	tobramycin ophthalmic (solution and ointment)	RX1406	
Ophthalmic Agent; Anti-infective	Antibiotic-Quinolone	Ocuflox® (ophthalmic)	ofloxacin (ophthalmic)	RX1407	P
Ophthalmic Agent; Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfacetamide Sodium® (ophthalmic eye drops)	sulfacetamide sodium (ophthalmic eye drops)	RX1408	
Ophthalmic Agent; Anti-infective; Combination	Antibiotic-Corticosteroid	Maxitrol®	dexamethasone / neomycin / polymyxin B ophthalmic	RX1410	
Ophthalmic Agent; Antiglaucoma	Alpha 2 Agonist	Alphagan P®	brimonidine ophthalmic	RX1402	
Ophthalmic Agent; Antiglaucoma	Carbonic Anhydrase Inhibitor	Trusopt®	dorzolamide ophthalmic	RX1404	
Ophthalmic Agent; Corticosteroid	Corticosteroid	Pred Forte® (ophthalmic)	prednisolone acetate (ophthalmic)	RX1411	
Opioid Dependency	Opioid Agonist / Antagonist	Suboxone®	buprenorphine and naloxone	RX2100	III
Opioid Dependency	Opioid Agonist / Antagonist	Subutex®, Buprenex®, Butrans®, Probuphine®	buprenorphine	RX2101	JJJ
Osteoporosis	Bisphosponate	Fosamax®	alendronate sodium	RX1500	A,NN
Otic Preparation, Anti-infective	Antibiotic-Quinolone	Floxin otic®, Ocuflox®	ofloxacin otic	RX1600	
Otic Preparation, Anti-infective Combination	Antibiotic-Corticosteroid	Cortisporin otic®	hydrocortisone / neomycin / polymyxin B otic	RX1601	
Partial Nicotine Agonist	Smoking Cessation	Chantix®	varenicline	RX2200	A
Pharmacokinetic Enhancer *(For use in combination with other antiretrovirals)*	CYP3A4 Inhibitor	Tybost®	cobicistat (COBI)	RX1700	A,YY
Pulmonary, Allergy	H1 Receptor Antagonist (1st Gen)	Benadryl®	diphenhydramine	RX1800	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Pulmonary, Allergy, Appetite Stimulant	Antihistamine	Periactin®	cyproheptadine	RX1801	**A**
Pulmonary, Bronchodilator	Beta2-Adrenergic Agonist	Proventil HFA®, Ventolin®, ProAir®, Combivent Respimat®	albuterol HFA, albuterol / ipratropium	RX1803	A
Pulmonary, Corticosteroids	Nasal Corticosteroid	Nasarel®	flunisolide nasal	RX1804	A
Pulmonary, Corticosteroids	Oral Corticosteroid	QVAR® (oral inhaler), Qnasi® (nasal spray)	beclomethasone (oral inhaler, nasal spray)	RX1805	A
Pulmonary, respiratory or CNS, allergy	**Antihistamine or anxiolytic**	**Atarax®, Vistaril®,**	**hydroxyzine**	**RX1810**	**A**
Pulmonary, respiratory, allergy	**Antihistamine**	**Allegra®**	**fexofenadine**	**RX1808**	**A**
Pulmonary, respiratory, asthma, allergy	**Leukotriene receptor antagonist**	**Singulair®**	**montelukast**	**RX1809**	**A**
Skin and Mucous Membrane Preparation, Acne	Antibiotic, Keratolytic	Benzoyl Peroxide topical	benzoyl peroxide topical	RX1900	A,RR
Skin and Mucous Membrane Preparation, Analgesic	Analgesia	Zostrix®	capsaicin topical	RX1901	A,QQ
Skin and Mucous Membrane Preparation, Anesthetic	Anesthetic	Xylocaine®	lidocaine viscous	RX1902	
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Lincosamide	Cleocin T®	clindamycin topical (cream, lotion, gel)	RX1905	A
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Sulfonamide Derivative	Silvadene®	silver sulfadiazine topical	RX1907	
Skin and Mucous Membrane Preparation, Anti-infective	Antiparasitic, Scabacidal	Elimite®	permethrin topical	RX1908	
Skin and Mucous Membrane Preparation, Anti-infective	Immune Modular	Aldara Cream®	imiquimod 5%	RX1909	A
Skin and Mucous Membrane Preparation, Anti-infective, Keratolytic Agent	Antiviral	Podofilox topical®	podofilox topical	RX1910	
Skin and Mucous Membrane Preparation, Antineoplastic	Pyrimidine Analog	Efudex®	fluorouracil topical	RX1911	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Betamethasone topical or Diprolene®	betamethasone (valerate or dipropionate)	RX1912	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Fluocinonide topical®	fluocinonide topical	RX1914	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Hydrocortisone topical®	hydrocortisone topical (cream and ointment)	RX1915	FFF
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Kenalog®	triamcinolone topical (cream and ointment)	RX1916	A
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Temovate®, clobetasol propionate	clobetasol topical (ointment)	RX1917	
Substance use disorder (substance abuse)	**Alcohol deterrent**	**Antabuse®**	**disulfiram**	**RX2103**	**A**
Substance use disorder (substance abuse)	**Nicotine replacement**	**Nicorette®, Nicoderm CQ®, Nicotrol Inhaler®, Nicotrol NS®, Habitrol®**	**nicotine**	**RX2201**	**A**
Substance use disorder (substance abuse)	**Opiate antagonist**	**Revia®**	**naltrexone (oral)**	**RX2102**	**A**
Topical	**Humectant**	**AmLactin®, Lac-Hydrin®, Amlactin XL®, Geri-Hydrolac®**	**ammonium lactate**	**RX1920**	**A**
Vitamin	Vitamin	Cyanocobalamin®, vitamin B12 (injection only)	cyanocobalamin, vitamin B12 (injection only)	RX2004	A,HH,TT
Vitamin	Vitamin	Folic acid	folic acid	RX2000	A
Vitamin	**Vitamin**	**Mag-Ox®, Mag-Oxide®, Mag-Ox 400®, Mag-200®, Uro-mag®**	**magnesium oxide**	**RX2007**	**A**
Vitamin	Vitamin	Multivitamin (OTC)	multivitamin	RX2001	A,HH,QQ
Vitamin	Vitamin	Multivitamin B Complex	multivitamin B complex	RX2002	A,QQ
Vitamin	Vitamin	Multivitamin prenatal	multivitamin prenatal	RX2003	A,FF,HH,RR
Vitamin	Vitamin	Pyridoxine®, vitamin B6	pyridoxine, vitamin B6	RX2005	A,GG,HH
Vitamin-Antidote	Vitamin	Leucovorin®	folinic acid, calcium folinate, leucovorin	RX2006	A,F

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to “Dear Colleague” Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership’s Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
Check all that apply if yes for each condition and add any comments, as applicable.	**Is this condition HIV related?**	**Is this condition a comorbidity or complication related to HIV?**	**Are there evidence-based interventions to combat HIV?**	**Does addressing the condition promote viral suppression?**	**Does addressing the condition improve quality of life?**	**For this condition, will a diagnostic procedure be required ?**	**If a diagnostic procedure is required, will any of the following be needed:**				**Comments**
Definition of terms sample based on American Society of Anesthesiology							*Anesthesia for surgeries in which you loose consciousness e.g. open-heart .*	*Sedation for minimal invasive procedures e.g. colonoscopy.*	*Anesthesia for region such as those used during childbirth, or nerve-blocks.*	*Anesthesia for local procedures such as stiches, mole removal that numbs a small area.*	**No conditions/treatments are covered: inpatient requiring hospitalizations, at emergency rooms or at urgent cares.**
Anesthesia term							**general anesthesia?**	**IV/monitored sedation?**	**regional anesthesia?**	**local anesthesia?**	
BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):											
osteoarthritis	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	Diagnostics covered to rule out other complicating conditions.
BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and CHIROPRACTIC/PHYSICAL MEDICINE:											
avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	Coverage limited up to joint replacement/surgical interventions; Coverage in RW may include diagnostics, physical therapy, medications, limited to outpatient procedures or no anesthesia. Anything beyond this would require a case review.
fibromyalgia	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	
myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)	☑	☑	☐	☐	☑	☐	☐	☐	☐	☐	
osteopenia/osteoporosis	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
rheumatic diseases	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
CARDIOLOGY:											
atherosclerosis	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	Coverage in RW may include diagnostics, medications, limited to outpatient procedures or no anesthesia.
coronary artery disease	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
heart disease	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
hyperlipidemia	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	Coverage in RW limited to medications
peripheral artery disease	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	Coverage in RW may include diagnostics, medications, limited to outpatient procedures or no anesthesia.
peripheral vascular disease	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
phlebitis	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	

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			A	B	C	D	D.1	D.2	D.3	D.4	
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Anesthesia term							**general anesthesia?**	**IV/monitored sedation?**	**regional anesthesia?**	**local anesthesia?**	
CHIROPRACTIC/PHYSICAL MEDICINE:											
HIV-related chronic arthralgia	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
peripheral neuropathy	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
COLORECTAL:											
abnormal anal Pap smears	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
fistulas	☑	☑	☐	☐	☑	☑	☐	☐	☐	☐	
hernias	☐	☐	☐	☐	☑	☑	☐	☐	☐	☐	
COLORECTAL and ONCOLOGY:											
anal cancers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DENTAL (ORAL HEALTH CARE):											
giant aphthous ulcers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:											
human papillomavirus associated oral lesions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:											
dental cancers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
oral cancers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
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Anesthesia term							**general anesthesia?**	**IV/monitored sedation?**	**regional anesthesia?**	**local anesthesia?**	
DERMATOLOGY:											
dermatitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
eczema/seborrheic dermatitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
eosinophilic folliculitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
impetigo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Methicillin-resistant Staphylococcus aureus (MRSA)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
molluscum contagiosum	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
photodermatitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
psoriasis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
skin conditions and symptoms, including skin appendages and oral mucosa	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
warts	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):											
tinea infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DERMATOLOGY and INFECTIOUS DISEASES:											
herpes simplex virus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DERMATOLOGY and ONCOLOGY:											
Kaposi's sarcoma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
skin cancers (squamous cell carcinoma, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
DERMATOLOGY and PODIATRY:											
onychomycosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:											
chronic sinusitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
oral human papillomavirus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
oral candidiasis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

4.Primary Care Guidance for Providers of Care for Persons With Human Immunodeficiency Virus: 2024 Update by the HIV Medicine Association of the Infectious Diseases Society of America.
Horberg M, Thompson M, Agwu A, et al.
Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America. 2024;:ciae479. doi:10.1093/cid/ciae479.

Anal Cancers

1. Is anal cancer a condition related to human immunodeficiency virus (HIV)?Yes. **Anal cancer is strongly related to HIV infection, with people living with HIV (PWH) having a 15- to 35-fold increased risk compared to the general population**. The risk is especially high among men who have sex with men (MSM) with HIV, but is elevated in all PWH regardless of sex or risk group.[1-4]

2. What comorbidities or complications are associated with HIV in the context of anal cancer?

Persistent high-risk HPV infection, low CD4 count, history of anal HSIL, prior genital dysplasia, smoking, and longer duration of immunosuppression are key comorbidities and risk factors. Anal cancer in PWH is often multifocal and may be associated with other HPV-related cancers (cervical, vulvar, vaginal).[1][5] Poor performance status may be due to HIV, cancer, or other comorbidities.

3. Are there any complications of HIV treatment relevant to anal cancer?

Drug-drug interactions between antiretroviral therapy (ART) and cancer therapies are important considerations. ART should be continued during cancer treatment, but modifications may be needed to avoid interactions, especially with chemotherapy, radiation, or immune checkpoint inhibitors. ART may improve performance status and reduce hematologic toxicity risk.[1-2] Some evidence suggests ART may reduce progression of high-grade AIN to cancer, but has not significantly reduced anal cancer incidence.[2]

4. Does addressing anal cancer promote viral suppression in HIV-positive patients, and does it improve quality of life?

Treating anal cancer does not directly promote viral suppression. However, **maintaining ART and viral suppression is associated with better cancer outcomes and lower mortality.**[6] **Addressing anal cancer and its precursors (HSIL) improves quality of life by reducing morbidity, preventing progression, and improving survival.**[1-2]

5. Is a diagnostic procedure required for anal cancer? Yes. **Diagnosis requires clinical evaluation, digital anorectal examination (DARE), anal cytology, high-resolution anoscopy (HRA), and biopsy of suspicious lesions. Imaging (CT, MRI, PET) is used for staging.**[1-2][7]

6. Is anesthesia needed for the diagnosis of anal cancer?

No anesthesia is needed for routine screening (DARE, cytology, HRA). Local anesthesia may be used for biopsy of suspicious lesions, but general anesthesia is not required for diagnosis.[1-2][7]

7. Is anesthesia needed for the treatment of anal cancer?

Yes, anesthesia is often required for surgical procedures (e.g., excision, ablation, or tumor resection).

- **Topical therapy and office-based ablation may use local anesthesia.**
- **Major surgery (e.g., abdominoperineal resection) requires general anesthesia.**
- **Chemoradiation, the mainstay of treatment, does not require anesthesia.**

Treatment should follow standard NCCN Anal Carcinoma guidelines, with no modifications solely based on HIV status.[1-2]

In summary: Anal cancer is highly related to HIV, with increased risk due to immunosuppression and persistent HPV infection. Comorbidities include low CD4 count, prior dysplasia, and multifocal HPV disease. ART interactions and toxicity are relevant during cancer treatment. Diagnosis requires clinical and procedural evaluation, with local anesthesia for biopsy. Treatment may require anesthesia for surgery, but not for chemoradiation. Addressing anal cancer improves quality of life but does not directly affect viral suppression; maintaining ART is critical for optimal outcomes.

1.Cancer in People with HIV.
National Comprehensive Cancer Network
Updated 2025-09-05

2.Anal Carcinoma.
National Comprehensive Cancer Network
Updated 2025-10-31

3.Cancer Prevention and Early Detection Facts & Figures.
Rick Alteri, Deana Baptiste, Emily Butler Bell, et al
American Cancer Society (2025)
Practice Guideline

4.Anal Cancer: Emerging Standards in a Rare Disease.
Eng C, Ciombor KK, Cho M, et al.
Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology. 2022;40(24):2774-2788. doi:10.1200/JCO.21.02566.
Leading Journal

5.Clinical Predictors and Outcomes of Invasive Anal Cancer for People With HIV in an Inception Cohort.
Cachay ER, Gilbert T, Qin H, Mathews WC.
Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America. 2024;79(3):709-716. doi:10.1093/cid/ciae124.
Leading Journal

6.Primary Care Guidance for Providers of Care for Persons With Human Immunodeficiency Virus: 2024 Update by the HIV Medicine Association of the Infectious Diseases Society of America.
Horberg M, Thompson M, Agwu A, et al.
Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America. 2024;:ciae479. doi:10.1093/cid/ciae479.
Practice Guideline
Leading Journal

7.Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV.
Constance Benson, John Brooks, Shireesha Dhanireddy, et al
Infectious Diseases Society of America; Office of AIDS Research Advisory Council (2025)

Giant Aphthous Ulcers

1. Are giant aphthous ulcers related to HIV infection?

Yes. **Giant (major) aphthous ulcers are strongly associated with HIV infection.** People living with HIV (PLWH) experience more frequent, severe, and persistent aphthous ulcers—including major (giant) forms—compared to immunocompetent individuals. These ulcers can also occur in other mucosal sites (esophagus, rectum, anus, genitals) in HIV-positive patients.[1-4]

2. What comorbidities or complications are associated with HIV in the context of giant aphthous ulcers?

Comorbidities include advanced immunosuppression (low CD4 count), nutritional deficiencies (vitamin B12, folate, iron, zinc), and other oral conditions (candidiasis, herpes simplex, Kaposi sarcoma). Giant aphthous ulcers in HIV can lead to significant pain, dysphagia, secondary malnutrition, and impaired oral intake, which may worsen overall health status.[2-4] These ulcers may also be associated with similar ulcerations in other mucosal sites.[1]

3. Are there any complications of HIV treatment relevant to giant aphthous ulcers?

Yes. **Some antiretroviral therapies (ART) may cause oral side effects, but the main complication is drug-drug interactions when immunomodulatory agents (e.g., thalidomide, corticosteroids) are used to treat severe ulcers.** Thalidomide, while effective, can increase HIV viral load and has notable toxicity risks (somnolence, rash, neuropathy).[4-5] ART generally improves immune status and may reduce ulcer severity, but does not eliminate risk.[4]

4. Does addressing giant aphthous ulcers promote viral suppression or improve quality of life in people living with HIV?

Treating giant aphthous ulcers does not promote viral suppression. However, **effective management significantly improves quality of life by reducing pain, improving oral intake, and preventing malnutrition**.[1][4-6] Thalidomide and topical agents have demonstrated efficacy in healing ulcers and improving pain and function.[5-6]

5. Is a diagnostic procedure required for giant aphthous ulcers?

Diagnosis is primarily clinical, based on history and examination. However, **biopsy is recommended for non-healing or atypical ulcers to exclude deep fungal infection, viral infection, or neoplasm**.[1][3-4] Laboratory tests may be used to rule out nutritional deficiencies or other systemic causes.[3]

6. Is anesthesia needed for diagnosis or treatment of giant aphthous ulcers?

No anesthesia is needed for routine diagnosis. Local anesthesia may be used for biopsy of non-healing ulcers, but general anesthesia is not required.[1][3-4] **Treatment is usually topical or systemic and does not require anesthesia.** Only rarely, for extensive procedures, would local anesthesia be considered.[1][4]

Summary:

- **Giant aphthous ulcers are related to HIV and are more severe in PLWH.**
- **Comorbidities include immunosuppression and nutritional deficiencies; complications include pain and malnutrition.**
- **HIV treatment may interact with ulcer therapies; thalidomide can increase HIV viral load.**
- **Treating ulcers improves quality of life but does not affect viral suppression.**
- **Diagnosis is clinical; biopsy may be needed for non-healing ulcers.**
- **Anesthesia is not needed for diagnosis or routine treatment.**

References:[1-6]

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Human Papillomavirus Associated Oral Lesions, Dental Cancers, and Oral Cancers

Overview of HIV and HPV-Associated Oral Lesions, Dental Cancers, and Oral Cancers

HPV-associated oral lesions, dental cancers, and oral cancers are all recognized as HIV-associated cancers by the National Comprehensive Cancer Network (NCCN) and are more common in people with HIV (PWH) in the United States. PWH have a higher incidence of HPV-driven oral and oropharyngeal cancers, with increased risk and earlier onset compared to the general population.[1-5]

Relationship to HIV

There is a clear epidemiologic link between HIV and these cancers. PWH have a higher prevalence of oral HPV infection, increased risk of persistent infection, and a greater likelihood of developing HPV-associated oral lesions and cancers, including oropharyngeal squamous cell carcinoma. These cancers are classified as HIV-associated by the NCCN.[1-5]

Comorbidities and Complications

Common comorbidities include low CD4 count, persistent high-risk HPV infection, tobacco and alcohol use, and co-infection with other oncogenic viruses (e.g., EBV, HBV, HCV). PWH are at increased risk for aggressive disease, poorer outcomes, and higher cancer-specific mortality.[1-3][6-10]

Complications of HIV Treatment

Antiretroviral therapy (ART) can interact with cancer therapies, requiring careful management of drug-drug interactions, as outlined by NCCN.[1] ART may also cause oral side effects and complicate administration during head and neck cancer treatment.[1][11]

Impact of Disease Management on Viral Suppression and Quality of Life

Treating these cancers does not directly promote viral suppression. However, maintaining ART and viral suppression is associated with improved cancer outcomes and lower mortality in PWH.[1][12] Multidisciplinary management improves quality of life and survival.[1][10][12]

Diagnostic Procedures

Diagnosis requires a thorough oral examination, biopsy of suspicious lesions, imaging (CT, MRI, PET as indicated), and sometimes HPV typing, per NCCN and IDSA guidelines.[1-2][13] Routine oral health exams are recommended for PWH.[12]

Anesthesia for Diagnosis and Treatment

Most diagnostic procedures do not require anesthesia; local anesthesia may be used for biopsy.[2][13]

- HPV-associated oral lesions: Usually managed with topical or minor procedures, rarely requiring anesthesia. [2]
- Dental cancers: Surgical treatment may require local or general anesthesia, depending on extent. [1]
- Oral cancers: Surgery and some ablative procedures require anesthesia; chemoradiation does not.[1][3]

Gaps

Recent US-based studies and ASCO abstracts confirm that PWH with oral cancers have poorer outcomes, especially in early-stage disease, and may have unique tumor biology (e.g., lower CD8 T cell infiltration).[10] Data on dental cancers specifically in HIV are limited.

In summary, HPV-associated oral lesions, dental cancers, and oral cancers are more common and often more aggressive in PWH, require specific diagnostic and therapeutic approaches, and benefit from ongoing ART and multidisciplinary care to optimize quality of life and outcomes.[1-3][10][12]

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, April 24, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• 2026 Agenda Items Discussion	Marlen Meizoso
	• Officer Election	All
	• Service Definitions Deferred: Mental Health, Substance Abuse, Oral Health	All
	• Service Definitions Revisited: Prescription Drugs and OAHS	All
	• OHC Standards Revisions	All
	• Edits to Letters of Medical Necessity-CGM and Food Bank	All
	• Contingency Planning Continued:	
	• Outpatient Ambulatory Health Services Review	All
	• Ryan White Prescription Drug Formulary	All
	• Allowable Conditions Response to "Dear Colleague" Letter	All
IX.	New Business	All
X.	Announcements	All
	• Get on Board Training, May 6, 2026	
XI.	Next Meeting**: May 22, 2026** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

GET ON BOARD

Member Enrichment Training

STATION 15:

The Ryan White Part A Program

WEDNESDAY,
MAY 6, 2026

12:00 P.M. – 1:00 P.M.

VIA MICROSOFT TEAMS

WHAT YOU'LL LEARN

- Overview of the Ryan White Part A Program
- Local Part A services available in Miami-Dade County
- Using Part A reports to support data-driven decision-making
- Why Part A knowledge is essential for Partnership & Committee members

SCAN TO REGISTER!

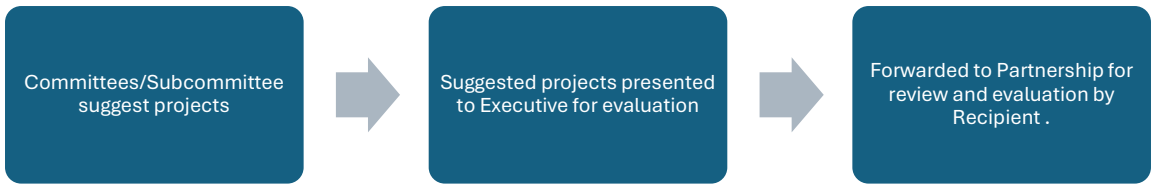
OR REGISTER AT:

bit.ly/Station15_RWPtA

Partnership members, committee members,
and community stakeholders are encouraged to attend!

2027 Special Projects

As part of the annual staff support budget process approved in 2024, the committees and the subcommittee are being polled for any request for support of special projects above and beyond the annual activities such as the needs assessment, comprehensive planning, PSRA, and the efficiency of administrative mechanism. After projects are elaborated, they will be vetted by the Executive Committee and forwarded for recommendation.



This year the Integrated Plan is under development and due by June 2026.

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